DOCUMENT RESUME

ED 076 901 CG 007 993

TITLE	An Index: School Health Policies and Concepts.
INSTITUTION	Florida State Dept. of Education, Tallahassee.
PUB DATE	May 72
NOTE	125p.
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	*Health Personnel; *Health Services; *Indexes (Locaters); Pupil Personnel Services; Reference Materials; *School Health Services; School Nurses; *School Policy; State Agencies; State Legislation; State Programs; Students; Student Welfare
IDENTIFIERS	Florida

ABSTRACT

This index is a compilation of school health policies and concepts recommended by Florida's School Health Medical Advisory Committee from 1958 through May, 1972. The goal of school health programs K-12 is to reflect sound health and educational practices designed to protect, maintain, and improve the health of the school child. Each of these policies is outlined in detail, including statement of the problem, action taken by the committee on that problem, effective date, and any follow-up decisions or action taken by the committee. Appendices include position statements on particular issues, forms for student medical examinations and records, as well as resolutions and recommendations from various associations concerned with child health. Persons who should find this information helpful are school administrators and supervisors, physicians, dentists, and nurses serving the schools, school board members, and voluntary agency personnel. (Author/SES)

ED 076901

SCOPE OF INTEREST NOTICE
The ERIC Facility has assigned this document for processing to: C.G. SP
In our judgement, this document is also of interest to the clearinghouses noted to the right. Indexing should reflect their special points of view.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

AN INDEX

SCHOOL HEALTH POLICIES AND CONCEPTS

DEPARTMENT OF EDUCATION
TALLAHASSEE, FLORIDA
FLOYD T. CHRISTIAN, Commissioner

GA 007 993

FILMED FROM BEST AVAILABLE COPY

This public document was promulgated at an annual cost of $528.55 or 53 cents per copy to make available to school administrators and health educators a compilation of all school health policies and concepts recommended by the School Health Medical Advisory Committee from 1958 through May 1972.

ED 076901

RECEIVED
MAY 04 1973
FLORIDA EDUCATIONAL RESOURCES
INFORMATION CENTER (FERIC)
DEPARTMENT OF EDUCATION

AN INDEX

SCHOOL HEALTH POLICIES AND CONCEPTS

Prepared by
School Health Medical Advisory Committee
to the
Department of Education
and the
Division of Health
of the
Department of Health and Rehabilitative Services
State of Florida

FOREWORD

Upon the recommendation of the Florida Medical Association Board of Governors, the Association's Committee on Child Health in 1958 was designated as School Health Medical Advisory Committee to the State Department of Education and the State Board of Health* by the respective heads of these two state agencies. Subsequently, upon the Committee's recommendation, a representative from the Florida Dental Association was added in an advisory capacity. During the intervening years ex-officio representatives were added, in a similar manner, from the Florida Pediatric Society, the Florida Academy of General Practice and, most recently, from the Florida Association of County Health Officers and the Florida Association of County Superintendents. At its quarterly meetings the School Health Medical Advisory Committee is augmented by staff members from various disciplines in the two state agencies.

The Committee originally was established, and has continued to date, to provide advice and guidance on school health problems and programs from the kindergarten through twelfth grade level. This INDEX is a compilation of school health policies and concepts recommended by the State Advisory Committee from 1958 through May, 1972.

The goal of school health programs is to reflect sound health and educational practices designed to protect, maintain and improve the health of the school child. On the local level a comprehensive administrative health plan and a regularly functioning School Health Advisory Committee to help establish policies and responsibilities should result in effective action for the greatest possible benefits to students.

Persons who should find this information helpful are school administrators and supervisors, physicians, dentists, and nurses serving the schools, school board members, and voluntary agency personnel.

A review and distribution of revised or supplementary pages will be completed by August 1 annually.

*In 1969 the State Board of Health became the Division of Health of the Department of Health and Rehabilitative Services.

SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE
TO THE DEPARTMENT OF EDUCATION
AND TO THE DIVISION OF HEALTH,
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES OF FLORIDA

Members, Consultants and Official Agency Representatives

1958 - May, 1972

COMMITTEE MEMBERS AND CONSULTANTS

PHYSICIANS

Warren W. Quillian, M.D.
J. K. David, Jr., M.D.
William S. Johnson, M.D.
Robert F. Mikell, M.D.
George S. Palmer, M.D.
Irving E. Hall, Jr., M.D.
Andrew W. Townes, Jr., M.D.
Richard G. Skinner, Jr., M.D.
Wesley S. Nock, M.D.
Adrian Q. Pollock, M.D.
Alvyn W. White, M.D.
J. Basil Hall, M.D.
Erwin T. Taylor, M.D.
Thomas M. Brill, M.D.
Thomas M. Wiley, Jr., M.D.
Franklin L. DeBusk, M.D.
Charles T. Ozaki, M.D.
Warren W. Quillian, II, M.D.
Eron B. Ingle, Jr., M.D.
George C. Hopkins, M.D.
John G. Lane, M.D.

DENTISTS

Gordon W. Steadman, D.D.S.
Chris C. Scures, D.D.S.
F. Lee Eggnatz, D.D.S.

DEPARTMENT OF EDUCATION REPRESENTATIVES

Zollie Maynard
Ed Williamson
Benton F. Clifton, Jr.
Louis V. Morelli
Earl Edwards

DIVISION OF HEALTH REPRESENTATIVES

S. D. Hoff, M.D.
Nicholas Alexiou, M.D.
L. L. Parks, M.D.
Floyd H. DeCamp, D.D.S.
Vincent Granell
David L. Crane, MD.D
Malcolm J. Ford, M.D.
James E. Fulghum, M.D.
William C. Carpenter, M.D.
E. Henry King, M.D.
William Hubbard
G. Floyd Baker
Emily H. Gates, M.D.
A. F. Caraway, Jr., M.D.
Robert E. Denson
Richard Wisthuff
Ellen Kinsella, R.N.
Dolores Wennlund, R.N.
George C. Hopkins, M.D.

KEY TO ABBREVIATIONS

AAP	American Academy of Pediatrics
AAHPER	American Association for Health, Physical Education and Recreation
AASA	American Association of School Administrators
ASHA	American School Health Association
DE	Department of Education
DH	Division of Health, of the Department of Health and Rehabilitative Services (July, 1969 and after) (See SBH)
ESEA	Elementary and Secondary Education Act (P.L. 89-10) Title I-VIII
ETV	Educational Television
FACHO	Florida Association of County Health Officers
FAFP	Florida Academy of Family Physicians (1971 and after)
FAGP	Florida Academy of General Practice (before 1971, when it became Florida Academy of Family Physicians)
FDA	Florida Dental Association
FMA	Florida Medical Association
FPS	Florida Pediatric Society
FSDS	Florida State Dental Society
NATA	National Athletic Trainers Association
NSBA	National School Boards Association
SBH	State Board of Health (before July, 1969 when it became Division of Health) (See DH)
SHES	School Health Education Study
SHMA	School Health Medical Advisory Committee, generally referred to in the text only as the Committee

SCHOOL HEALTH POLICY INDEX

Policies and Concepts of the School Health Medical Advisory Committee

FOREWORD

LIST OF COMMITTEE MEMBERS AND OFFICIAL AGENCY REPRESENTATIVES
FROM 1958 TO MAY 1972

KEY TO ABBREVIATIONS

SECTIONS

100 - 1 SCHOOL HEALTH POLICY INDEX
- 100 - 1.01 Loose Leaf Policy Index, Cumulative - 1972

100 - 2 COMMITTEE ORGANIZATION
- 100 - 2.01 Dental Consultant - 1963
- 100 - 2.02 Ex Officio Members - Florida Pediatric Society and Florida Academy of General Practice - 1966
- 100 - 2.03 Child Dentistry Consultant - 1968
- 100 - 2.04 Change of Name of Committee - 1969
- 100 - 2.05 Representation of Florida Association of County Health Officers - 1971
- 100 - 2.06 Representation of Florida Association of County Superintendents - 1972

100 - 3 SCHOOL HEALTH LAWS - REVISION
- 100 - 3.01 Proposed Revision - pending - 1972

100 - 4 FLORIDA MEDICAL ASSOCIATION POSITION
- 100 - 4.01 Official Position of FMA on School Health - 1959

100 - 5 CONFERENCES ON PHYSICIANS AND SCHOOLS, NATIONAL AND STATE
- 100 - 5.01 American Medical Association National Conference on Physicians and Schools - 1971 and prior
- 100 - 5.02 Proposed Florida Conference on Physicians and Schools - pending - 1972

100 - 6 CONFERENCES WITH OTHER GROUPS
- 100 - 6.01 County Superintendents Conference - 1960
- 100 - 6.02 County Superintendents Conference - 1964
- 100 - 6.03 County Superintendents Conference - 1967
- 100 - 6.04 County Superintendents Conference - 1970
- 100 - 6.05 Florida Medical Association Conference of County Medical Society Presidents and Secretaries - 1970
- 100 - 6.06 Proposed Meeting with Florida Association of County Health Officers - 1970
- 100 - 6.07 Florida Society of Preventive Medicine and Florida Pediatric Society Joint Session - 1971

100 - 7 RESPONSIBILITY FOR SCHOOL HEALTH
- 100 - 7.01 Joint Responsibility 1959
- 100 - 7.02 Local Liaison - 1959
- 100 - 7.03 Statewide Committee Coordination - 1970
- 100 - 7.04 County Medical Society Survey - 1971

100 - 8 COUNTY HEALTH DEPARTMENTS
- 100 - 8.01 Medically Trained Personnel Working in Schools - 1959
- 100 - 8.02 Communication between Committee and County Health Officers - 1971
- 100 - 8.03 Funding for Physical Examination of Needy Children - 1971

100 - 9 SCHOOL HEALTH PERSONNEL
- 100 - 9.01 Red Cross Gray Lady Programs - 1963
- 100 - 9.02 ESEA - Title I (Public Law 89-10) - 1967
- 100 - 9.03 School Health Aides - 1970

100 - 10 PHYSICAL EXAMINATIONS FOR SCHOOL PERSONNEL
- 100 - 10.01 School Bus Driver Examination - 1959
- 100 - 10.01 Tuberculin Testing - 1959-1972
- 100 - 10.03 Teacher's Certificate Physical Examination - 1966
- 100 - 10.14 Confidentiality of Teacher's Medical Records - 1969

100 - 11 STUDENT PHYSICAL EXAMINATIONS AND FORMS
- 100 - 11.01 Examiner and Frequency of Physical Examination - 1959
- 100 - 11.02 Physical Examination for Driver Education - 1963-1972
- 100 - 11.03 First Revision of Physical Examination Form MCH 304-B - 1966
- 100 - 11.04 Revision of Cumulative School Health Record MCH 304 - 1970
- 100 - 11.05 Athletic Participation Form (Special Physical Examination Form for Athletics, Proposed - 1970)
- 100 - 11.06 Second Revision of Student Medical Examination Form MCH 304-B - 1970
- 100 - 11.07 Separate Dental Examination Form - to be printed 1972

100 - 12 OTHER SCHOOL HEALTH FORMS
- 100 - 12.01 Medical Information Referral Form, Proposed - Educator to Physician - 1966
- 100 - 12.02 School Health Referral Form, A-28 Educators, School Health Personnel to Parents - 1967

100 - 13 PHYSICAL FITNESS PROGRAM
- 100 - 13.01 President's Fitness Council - 1961-1968

100 - 14 ATHLETICS AND PHYSICAL EDUCATION
- 100 - 14.01 Oxygen in Schools, Use of - 1966
- 100 - 14.02 Athletic Injury Conferences - 1967-1968
- 100 - 14.03 Tackle Football in Junior High School? - 1967
- 100 - 14.04 Trampoline in Physical Education Classes - 1967
- 100 - 14.05 Medical Aspects of Contact Sports - 1969
- 100 - 14.06 Film "Team Physician" - 1969
- 100 - 14.07 Athletic Equipment - 1970
- 100 - 14.08 Athletic Injuries Study in Florida High Schools and Colleges - 1970

100 - 15 PHYSICALLY HANDICAPPED, PHYSICAL EDUCATION FOR
- 100 - 15.01 Involvement of Physically Handicapped in Physical Education - 1967
- 100 - 15.02 Physical Defects, Chapter on - State Bulletin for Physical Education - 1967

100 - 16 INSURANCE, SCHOOL HEALTH AND ACCIDENT POLICIES
- 100 - 16.01 Medical and Dental Consultation before Purchase of Policies - 1968
- 100 - 16.02 Standardized Recommendations for Insurance Coverage - Pending, 1972

100 - 17 IMMUNIZATION
- 100 - 17.01 Laws Affecting Immunization - 1960
- 100 - 17.02 Compulsory Immunization Law - 1971

100 - 18 DISEASE, MISCELLANEOUS
- 100 - 18.01 Venereal Disease Problem - 1965
- 100 - 18.02 Treatment of Communicable and Infectious Diseases in Minors without Parental Consent (Law) - 1970 & 1971
- 100 - 18.03 Hypertension Study - 1970
- 100 - 18.04 Diabetes Mellitus - 1971
- 100 - 18.05 Breast Cancer, Self Examination - 1971

100 - 19 DENTAL HEALTH
- 100 - 19.01 Instruction Aids, Dental - 1963
- 100 - 19.02 Fluoridation - 1970
- 100 - 19.03 Pilot Dental Program - 1970

100 - 20 NUTRITION
- 100 - 20.01 Type "A" Lunch Program - 1966
- 100 - 20.02 Nutrition Education and Practices in Schools - Including Low Calorie Lunches for Obese Students - 1970

100 - 21 PREGNANT AND/OR MARRIED STUDENTS
- 100 - 21.01 Pregnant and/or Married School Girls, Continuing Education - 1970 (FMA Resolution)
- 100 - 21.02 Preventing Exclusion from School for such reasons as pregnancy, motherhood and/or marriage. Law - 1971

100 - 22 HEARING CONSERVATION

- 100 - 22.01 FMA Committee on Hearing - 1962-1963
- 100 - 22.02 Hearing Screening Programs in Public Schools - 1967
- 100 - 22.03 Preschool Hearing Screening Program - 1969
- 100 - 22.04 Hearing Conservation Program - 1972

100 - 23 VISION CONSERVATION

- 100 - 23.01 Vision Screening - Polk County Pilot Study - 1959
- 100 - 23.02 Uniform Statewide Eye Screening Program, FMA Approved - 1960
- 100 - 23.03 County Health Department Vision Screening Survey - 1961
- 100 - 23.04 Atlantic City Test for Eye Screening - 1961
- 100 - 23.05 Legislation - Eye Protective Devices - 1965
- 100 - 23.06 Vision Forms Proposed by Florida Board of Optometry - 1965-1967
- 100 - 23.07 Titmus Optical Company - Vision Testing Equipment - 1965-1967
- 100 - 23.08 Pilot Vision Screening Program, Duval County Schools - 1971
- 100 - 23.09 Statewide Evaluation of Vision Screening, Division of Health Request - 1971

100 - 24 LEARNING DISABILITIES

- 100 - 24.01 Improved Recognition of Learning Disabilities - 1970

100 - 25 HEALTH EDUCATION - GRADUATE AND UNDERGRADUATE PROGRAMS

- 100 - 25.01 Health Education Programs in Florida Universities - 1969
- 100 - 25.02 Proposed National Study of Health Education Instruction at All School Levels - 1970
- 100 - 25.03 Task Force on Health Education Teacher Education Programs - 1970-1971

100 - 26 HEALTH EDUCATION PROGRAMS (TEXTBOOKS, INSTRUCTIONAL METHODS)

- 100 - 26.01 Medical Consultation
- 100 - 26.02 Strengthening of Health Instruction Curriculum - 1962-1966
- 100 - 26.03 Family Life Education vs. Venereal Disease and Sex Education - 1966
- 100 - 26.04 Health Education Demonstration Program "School Health Education Study" (SHES Program) - 1967-1972
- 100 - 26.05 Health Problems in Education - 1968
- 100 - 26.06 School Health Policy Statement - Department of Education - 1969
- 100 - 26.07 Health Education Legislation - 1969 - 1970 The Drug Abuse Education Act of 1970

100 - 27 ALCOHOL, OTHER DRUGS, DRUG ABUSE

- 100 - 27.01 Alcohol Education in Schools - 1965
- 100 - 27.02 Alcohol and Narcotics Education Booklet - 1965 (Printed 1967)
- 100 - 27.03 Hallucinatory Agents (LSD, etc.) - 1966
- 100 - 27.04 Teenage Alert Program - 1967
- 100 - 27.05 Attorney General's Office - Educational Program to Combat Drug Abuse - 1969
- 100 - 27.06 Governor's Conference on Drugs and Alcohol Abuse - 1970
- 100 - 27.07 Drug Education Training Program for Teachers - 1970-1971
- 100 - 27.08 Disposition of Funds under Federal Drug Legislation - 1971
- 100 - 27.09 Ad Hoc Committee on Drug Abuse - FMA - 1971
- 100 - 27.10 Guidelines for School Personnel in Dealing with Drug Problems - 1971

100 - 28 SMOKING AND HEALTH

- 100 - 28.01 Smoking, FMA Resolution - 1963
- 100 - 28.02 Florida Committee on Smoking and Health - 1965
- 100 - 28.03 Smoking Areas - Schools and Campuses - 1970
- 100 - 28.04 Smoking in Schools, Position on (AAHPER) - 1970

KEY TO APPENDIX

Appendix items are assigned the same number as that portion of the INDEX to which they specifically relate.

100- 4.01		FMA Resolution on School Health
100- 6.05		Florida Health Notes - December, 1970 - School Health Issue
100- 9.02		Employment of School Health Services Personnel Under Title I (P.L. 89-10) ESEA
100- 9.03		Manual "Planning and Staffing a School Health Program" A Supplement to Bulletin 4-D
100-11.04	(A)	Cumulative School Health Record - MCH Revised 8/70 (RP)
	(B)	Instructions for Use
	(C)	Explanatory Memorandum re: MCH 304 and 304-B
100-11.06	(A)	Florida Student Medical Examination - MCH 304-B (Revised 12/70)
	(B)	Instructions for Use
100-12.01		Bulletin 4-D - Health Programs in Florida Schools 1964 Edition (Now undergoing revision.)
100-12.02		Report of Examination - Form A-28 (Division of Health)
100-14.01		Use of Oxygen in Schools - Policy Statement
100-14.05		Medical Rresponsibility for Contact Sports
100-14.08		Certification of Athletic Trainers - AMA-FMA Resolution
100-15.01		Classifying Students for Physical Education (Includes Physically Handicapped)
100-17.02	(A)	Certificate of Immunization
	(B)	Immunization Summary Form - Kindergarten and First Grades
	(C)	Immunization History Request (for out-of-town physicians)
	(D)	Request for Exemption from Immunization
	(E)	Certificate of Exemption

100-18.02	Treatment of Minors for Infectious, Contagious or Cummunicable Disease Without Parental Consent - Statute.
100-19.01	Bulletin 7 - A Guide "Design for Teaching Dental Health in Florida Schools" Not enclosed; see INDEX re: recent local distribution
100-21.01	FMA Resolution Concerning Education of Pregnant School Girls
100-21.02	Law preventing exclusion of married and/or pregnant girls and unwed mothers from Florida Schools
100-22.04	Hearing Screening Criteria
100-25.03	Recommendations of Task Force on Health Education Teacher Education
100-26.05	Family Life Education - AAHPER Resolution
100-26.06	School Health Position Statement - Department of Education
100-26.07	Drug Abuse Education Act of 1970
100-27.05	Drug Education - SHMA Committee Statement
100-27.10	Guidelines for School Personnel in Dealing with Drug Problems
100-28.01	Smoking - FMA Resolution
100-28.04	Smoking in Schools - AAHPER Position Paper

SCHOOL HEALTH POLICY INDEX

100-1.01 Loose Leaf Policy Index - Cumulative

Problem: Although the School Health Medical Advisory Committee has functioned continuously since created in 1958 and has guided or determined many policies regarding school health, it has not provided educators, physicians and other concerned groups with a permanent record incorporating all such concepts and considerations.

Action:

1. THE COMMITTEE AGREED THAT SOME FORM OF POLICY INDEX WOULD BE USEFUL TO SCHOOLS, HEALTH DEPARTMENTS, STATE PERSONNEL AND THE COMMITTEE ITSELF.

2. THEY CONSIDERED IT IMPORTANT THAT COUNTY SCHOOL SUPERINTENDENTS AND SCHOOL BOARDS, HEALTH DEPARTMENTS AND STATE AND COUNTY MEDICAL AND DENTAL SOCIETIES, INCLUDING APPROPRIATE SPECIALTY SOCIETIES, RECEIVE THE COMPILATION OF POLICIES AND CONCEPTS.

3. MAILING TO ALL GROUPS SHOULD BE SIMULTANEOUS. AN APPROPRIATE LETTER SHOULD ACCOMPANY EACH INDEX.

5. LOOSE LEAF FORM WAS SELECTED, TO FACILITATE PERIODIC REVISION BY SUBSTITUTION OR ADDITION OF PAGES.

Final Committee Review:

A final draft of the Policy Index was reviewed on August 6, 1972 and approved for printing and distribution as indicated above. The Index incorporates all policies and recommendations of the Committee through May, 1972.

COMMITTEE ORGANIZATION

100-2.01 Dental Consultant

Problem: Participation of members of Florida State Dental Society in a program to provide individual schools with dental advisors created awareness of need for a representative of that group to serve with the Committee.

Action: THE SUGGESTION WAS MADE TO THE FLORIDA STATE DENTAL SOCIETY THAT A MEMBER BE APPOINTED TO ACT IN AN ADVISORY CAPACITY TO THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE WHEN REQUIRED.

Effective Date: 1963. Member appointed

(See 100-11.07)

100-2.02 Ex-Officio Members

Problem: Need for increased and improved liaison with Florida Pediatric Society and Florida Academy of General Practice.

Action: EACH ORGANIZATION WAS INVITED TO DESIGNATE ONE OF ITS MEMBERS (POSSIBLY THE CHAIRMAN OF THEIR SCHOOL HEALTH COMMITTEE) TO SERVE AS AN EX-OFFICIO MEMBER OF THE FMA COMMITTEE ON CHILD HEALTH AND THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE, WITH THEIR EXPENSES TO ATTEND MEETINGS TO BE PAID BY THEIR INDIVIDUAL ORGANIZATIONS.

Effective Date: 1966. Members named by each organization.

(See 100-7.02, 100-7.03)

100-2.03 Child Dentistry Consultant

Problem: Need for representative of Florida Pedodontic Society for consultation.

Action: A REPRESENTATIVE OF CHILD DENTISTRY WAS INVITED TO SERVE ON THE COMMITTEE.

Effective Date: 1968. Representatives attended in 1969.

(See 100-11.07)

100-2.04 Change of Name of Committee

Problem: The name of Florida State Board of Health became Division of Health of Department of Health and Rehabilitative Services following governmental reorganization by Florida legislature.

Action: IN RECOGNITION OF THIS CHANGE THE COMMITTEE BECAME THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE TO THE DEPARTMENT OF EDUCATION AND THE DIVISION OF HEALTH, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES OF FLORIDA.

Effective Date: 1969

100-2.05 Representative of County Health Officers

Problem: Need for continuous exchange of information between Committee and County Health Officers.

Action: THE COMMITTEE MOVED TO EXPLORE THE POSSIBLILITY OF HAVING A REPRESENTATIVE OF THE FLORIDA ASSOCIATION OF COUNTY HEALTH OFFICERS SERVE AS LIAISON WITH THE COMMITTEE.

Effective Date: 1971.

1972 - Representative named by FACHO.

(See 100-8.02)

100-2.06 Communication between Committee and County School Superintendents

Problem: Need for closer liaison with county school personnel.

Action: TO FURTHER IMPROVE THE EXCHANGE OF INFORMATION BETWEEN THE COMMITTEE AND THOSE INDIVIDUALS WHO MUST DEAL WITH SCHOOL HEALTH PROBLEMS LOCALLY, DECISION WAS MADE TO DETERMINE WHETHER THE FLORIDA ASSOCIATION OF COUNTY SUPERINTENDENTS WOULD DESIGNATE ONE OF THEIR MEMBERS TO SERVE IN A LIAISON CAPACITY.

Effective Date: 1972 - Representative named by FACS.

(See 100-6.01 through 100-6.04; 100-7.02)

SCHOOL HEALTH LAWS AND REVISION

100-3.01 Proposed Revision

Problem: Some school health laws now on the books are not being implemented. Others require review, revision or regrouping. A suggestion was submitted that all laws pentaining to school health should be revised, placed in a single section and introduced for passage at one session of the Florida Legislature.

Action: COMMITTEE RECOMMENDATIONS WERE THAT:

1. STATE DEPARTMENT OF EDUCATION STAFF, WITH APPROPRIATE CONSULTATION, BE REQUESTED TO UNDERTAKE REVIEW AND REVISION OF SCHOOL HEALTH LAWS, SUBMITTING A DRAFT TO THE COMMITTEE FOR COMMENT.

2. RESPONSIBILITY OF THE INDIVIDUAL SHOULD BE EMPHASIZED THROUGHOUT AS A BASIC PHILOSOPHY.

3. LOCAL SCHOOL OFFICIALS SHOULD BE CONSULTED FOR OPINIONS AND ADVICE BEFORE REDRAFTING IS BEGUN.

4. CAREFUL LEGAL AND MEDICAL OPINIONS SHOULD BE OBTAINED FROM ALL MAJOR SOURCES.

5. THE LAWS SHOULD CONFORM TO THE STATE'S SCHOOL ACCREDITATION STANDARDS.

   Testing of revised accreditation standards was begun in selected counties in 1968. They became effective statewide with the 1971-72 school year.

Status - 1972:

It is anticipated that the needed revision of school health laws may result from a study of all state laws, which is now in progress.

OFFICIAL FMA POSITION

100-4.01 Florida Medical Association Official Position on School Health

Problem: To gain increased local support for the school health program.

Action: A RESOLUTION ADOPTED BY THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE WAS PRESENTED TO THE FLORIDA MEDICAL ASSOCIATION'S HOUSE OF DELEGATES, WHERE IT WAS APPROVED AS FOLLOWS AND SENT BY THE COMMITTEE TO THE PRESIDENT AND SECRETARY OF EACH COUNTY MEDICAL SOCIETY FOR DISTRIBUTION TO LOCAL MEMBERS.

WHEREAS, It is recognized that there has developed increased popular interest in the improvement of health and fitness of children and youth; and

WHEREAS, the State Department of Education and the State Board of Health share joint responsibility for the health of children in public schools; and

WHEREAS, the need is recognized for a sound statewide policy which will assure the children of Florida the finest possible health care and services available; therefore be it

RESOLVED, That county school boards consider requests from interested organizations for health-related activities and programs within the public schools only after full consultation with their local county health department and its appropriate medical advisory groups.

Effective Date: 1959

(See 100-7.01, 100-8.01, 100-9.01,100-9.02)

Appendix 100-4.01

CONFERENCES ON PHYSICIANS AND SCHOOLS
NATIONAL AND STATE

100-5.01 American Medical Association Conference on Physicians and Schools

Purpose: To improve health education and health services in schools throughout the country.

Action:
1. Every two years the AMA brings into close commuication, from all parts of the country, individuals who are primarily educators (including administrators and health educators) and physicians, both public and private, who are involved directly or indirectly in school health programs.
2. A fine balance is programmed between formal addresses by speakers of national repute or from innovative programs, and small group sessions.

Florida Representation:
Varies. Recently included the Committee Chairman, an FMA staff member, and representatives of the Department of Education and Division of Health.

Last Meeting Date: 1971

100-5.02 Proposed Florida Conference on Physicians and Schools

Purpose: To increase awareness of and response to the total health and health education needs of students in Florida schools.

Action: THE COMMITTEE ENDORSED THE IDEA OF SUCH A CONFERENCE, TO BE PATTERNED SOMEWHAT AFTER THE NATIONAL CONFERENCE. PLANS ARE IN PROGRESS.

Date: Pending for 1972-73

CONFERENCES WITH OTHER GROUPS

100-6.01 County Superintendents Conference - Gainesville
Purpose: To provide for closer liaison between school and health personnel.

Action: Committee members, health officers, representatives of local medical and dental societies, Department of Education and State Board of Health presented a program on school health during Superintendents Annual Conference.

Date: October 22, 1960

100-6.02 County Superintendents Conference - Gainesville
Purpose: As above.

Action: Committee members served as panelists and provided a stimulating program.

Date: October 8, 1964

100-6.03 County Superintendents Conference - Gainesville
Purpose: As above.

Action: Essentially as above.

Following the meeting, the Committee reviewed need for local school health advisory committees. It was concluded that school superintendents would react favorably to development of such advisory committees in areas where none existed.

Date: January 19, 1967

100-6.04 County Superintendents Conference - Gainesville
Purpose: As above.

Action: Committee activities and recommendations were reported by various panelists. Mimeographed copies were distributed of the Manual "Planning and staffing a School Health Program", not then available in printed form. The use of School Health Education Study (SHES) program materials was demonstrated. The superintendents raised questions about their concerns such as student smoking, drug abuse and lack of dental care. For future meetings the Committee recommended scheduling more time to hear from the superintendents about the problems facing them.

Date: January 29, 1970

Appendix 100-9.03
Manual "Planning and Staffing a School Health Program"

100-6.05 Florida Medical Association Conference of County Medical Society Presidents and Secretaries - Orlando

Purpose: To acquaint physicians who are in local leadership positions in private practice with the work of the Committee and the need for similar efforts in their local societies.

Action: The Committee Chairman and a representative of the Department of Education and of the Division of Health discussed activities of the Committee. The new Manual "Planning and Staffing a School Health Program" was distributed, as well as the December, 1970 issue of "Florida Health Notes," devoted to School Health

Date: January 30, 1971

Appendix 100-6.05
School Health Issue, "Florida Health Notes,"
December, 1970

100-6.06 Proposed Committee Meeting with Florida Association of County Health Officers - Jacksonville

Purpose: To better acquaint County Health Officers with activities of the Committee, particularly as they relate to school health services.

Action: Although Committee plans were cancelled because of conflicting dates, a Department of Education representative spoke at the County Health Officers annual meeting regarding expansion of school health programs including, particularly, employment of School Health Aides, to be supervised by Public Health Nurses.

Use of Title I monies for school health programs was discussed.

Date: February 15, 1971

100-6.07 Joint Session, Florida Society of Preventive Medicine and Florida Pediatric Society
Florida Medical Association Annual Meeting - Bal Harbour
Purpose: As for 100-6.05 and 100-6.06.

Action: The Committee Chairman and a representative of Department of Education and of Divison of Health discussed Committee activities and recommended creation of similar local committees in counties which do not have them.

The presentations evoked lively audience response and numerous requests for copies of Manual "Planning and Staffing a School Health Program".

Date: May 6, 1971

RESPONSIBILITY FOR SCHOOL HEALTH

100-7.01 Joint Responsibility

Problem: Who is responsible for health care in the school?

Action: THE COMMITTEE RECOGNIZED THIS AS A JOINT RESPONSIBILITY OF THE DEPARTMENT OF EDUCATION AND STATE BOARD OF HEALTH. HEALTH TEACHING IS PRIMARILY THE RESPONSIBILITY OF THE EDUCATOR, HEALTH SERVICES THE RESPONSIBILITY OF MEDICAL PERSONNEL.

Date: 1959

100-7.02 Local Liaison

Problem: How can this be accomplished:

Action:

1. EMPHASIS WAS PLACED ON THE NECESSITY TO ACHIEVE COMPLETE LOCAL COOPERATION IN DEVELOPING ADEQUATE SCHOOL HEALTH PROGRAMS. IT WAS SUGGESTED THAT OTHER AGENCIES AND GROUPS SHOULD MAKE THEIR RECOMMENDATIONS TO THE AGENCIES DESIGNATED AS RESPONSIBLE FOR DECISIONS ON SCHOOL HEALTH MATTERS.

   (See 100-9.01)

2. LOCAL MEDICAL SOCIETIES SHOULD PARTICIPATE MORE ACTIVELY IN ORGANIZATION OF SCHOOL HEALTH PROGRAMS, MAKING ADVISORY COMMITTEES AVAILABLE TO SCHOOL BOARDS. COUNTY HEALTH DEPARTMENTS SHOULD AUTOMATICALLY BE A PART OF THESE COMMITTEES. COUNTY SUPERINTENDENTS AND SCHOOL BOARDS NEED TO BE REORIENTED TO CONSIDER THESE COMMITTEES AS HELPFUL IN REACHING POLICY-MAKING DECISIONS.

3. COUNTY SCHOOL SUPERINTENDENTS, RECOGNIZING THE ROLE OF LOCAL HEALTH ADVISORY COMMITTEES IN POLICY MAKING, SHOULD REFER TO THEM ANY HEALTH PROPOSALS MADE TO SCHOOL BOARDS.

Effective Date: 1959

100-7.03 Statewide Committee Coordination

Problem: How can communications be improved between the Committee and its local counterparts; also with health departments, other private physicians and schools.

Action: 1. THE COMMITTEE AGREED TO FURNISH A CONDENSATION OF THE MINUTES OF THE FUTURE MEETINGS TO THE FLORIDA PEDIATRIC SOCIETY FOR DISTRIBUTION TO ITS MEMBERS.

Effective Date: 1965

2. DEPARTMENT OF EDUCATION REPRESENTATIVES WERE ADVISED TO ENCOURAGE SCHOOLS TO APPROACH THEIR COUNTY MEDICAL SOCIETIES RATHER THAN WAIT TO BE APPROACHED.

3. THE COMMITTEE DISCUSSED THE ESTABLISHMENT OF LOCAL SPORTS MEDICINE COUNCILS AND SUGGESTED THIS BE ONE FUNCTION OF A LOCAL SCHOOL HEALTH ADVISORY COMMITTEE OR A SPECIAL SUB-COMMITTEE THEREOF.

4. THE COMMITTEE VOTED TO MAKE AVAILABLE TO COUNTY MEDICAL SOCIETIES AND DENTAL SOCIETIES, HEALTH DEPARTMENTS, SCHOOL SUPERINTENDENTS AND SCHOOL BOARDS, FLORIDA PEDIATRIC SOCIETY, FLORIDA DENTAL SOCIETY AND FLORIDA ACADEMY OF GENERAL PRACTICE, COPIES OF A COMPILATION OF THE SCHOOL HEALTH POLICIES RECOMMENDED BY THE COMMITTEE SINCE ITS INCEPTION. MAILINGS SHOULD BE MADE SIMULTANEOUSLY. COPIES OF THE DECEMBER, 1970 SCHOOL HEALTH ISSUE OF "FLORIDA HEALTH NOTES" SHOULD BE MAILED WITH THE POLICY INDEX.

Effective Date: 1970

(See 100-1.01)

100-7.04 County Medical Society Survey

Problem: Repeatedly expressed need for information about local school health committees.

Action: 1. Response to a survey of county medical societies made by the Committee showed:

65% have some form of school health committee
92% of such committees are active

2. All county societies responding wanted information on statewide Committee activity. This will be facilitated by distribution of the Policy Index.

Effective Date: 1971

(See 100-1.01)

COUNTY HEALTH DEPARTMENTS

100-8.01 Medically Trained Personnel Working in Schools
Problem: Who should supervise?

Action: THE COMMITTEE RECOMMENDED THAT:

1. JUST AS MEMBERS OF THE TEACHING PROFESSION SHOULD BE EMPLOYED AND SUPERVISED BY EDUCATIONAL ADMINISTRATORS, SO PERSONS WORKING IN MEDICAL OR ALLIED FIELDS IN THE SCHOOLS SHOULD BE SUPERVISED BY MEDICAL ADMINISTRATORS.

2. THEREFORE, SUCH PERSONNEL SHOULD BE OBTAINED AND CARRY OUT THEIR DUTIES UNDER THE GUIDANCE AND SUPERVISION OF THE COUNTY HEALTH DEPARTMENT.

Effective Date: 1959

(See 100-9.02)

100-8.02 Communication between Committee and County Health Officers
(See 100-2.05)

100-8.03 Funding for Physical Examinations of Needy Children
Problem: There is no adequate financial provision for physical examination required for admission to schools.

Action: THE COMMITTEE RECOMMENDED THAT PROVISION FOR REQUIRED PHYSICAL EXAMINATIONS FOR INDIGENT AND NEAR-INDEIGENT CHILDREN SHOULD BE MADE IN APPROPRIATIONS TO THE DIVISION OF HEALTH AND THE COUNTY HEALTH DEPARTMENTS TO PROVIDE THESE EXAMINATIONS EITHER BY DIRECT SERVICE OR BY CONTRACT WITH PRIVATE PHYSICIANS AND DENTISTS AS APPROPRIATE AND NECESSARY IN EACH COUNTY.

Effective Date: 1971

Follow up: 1972
It is anticipated that the Medicaid Periodic Examination and Screening Program being instituted by the Division of Health through the County Health Departments on July 1, 1972, will resolve part of this problem. It should cover the necessary preschool examinations of eligible children through age 6 years. The Division of Health will advise the Committee of the additional funds needed to provide examinations for needy children who are ineligible for such services under Medicaid.

(See 100-11.01)

SCHOOL HEALTH PERSONNEL

100-9.01 Red Cross Gray Lady Programs

Problem: The State Board of Health was approached by the Red Cross about setting up a statewide agreement to permit establishment of "Gray Lady" programs in the schools.

Action:
1. DURING COMMITTEE DISCUSSION IT WAS CONCLUDED THAT SUCH AN AGREEMENT COULD NOT BE DRAWN UP AT STATE LEVEL. THE INDIVIDUAL COUNTIES WOULD BE RESPONSIBLE FOR ANY ARRANGEMENT WORKED OUT LOCALLY WITH COUNTY SCHOOL BOARDS.
2. THE COMMITTEE AGREED THAT THE RED CROSS SHOULD BE DISCOURAGED FROM ENTERING THE SCHOOLS INDEPENDENTLY WITH THIS PROGRAM, WITHOUT FULL CONSULTA - TION WITH LOCAL SCHOOL AND HEALTH AUTHORITIES.

Effective Date: 1963

(See 100-7.02)

100-9.02 ESEA - Title I (Public Law 89-10)

Problem: Employment of personnel.

Action: THE COMMITTEE APPROVED POSITION STATEMENT AND RECOMMENDATIONS REGARDING EMPLOYMENT OF SCHOOL HEALTH SERVICE PERSONNEL IN TITLE I PROGRAMS.

Effective Date: 1967

Appendix 100-9.02
Employment of School Health Services Personnel under Title I (P.L. 89-10 ESEA)

(See 100-8.01)

100-9.03 School Health Aides

Problem: Need for guidelines for all schools and health departments in developing or expanding school health programs.

Action: THE MANUAL "PLANNING AND STAFFING A SCHOOL HEALTH PROGRAM", A SUPPLEMENT TO BULLETIN 4-D, WAS DEVELOPED FOR USE BY SCHOOLS AND HEALTH DEPARTMENTS, PARTICULARLY TO ASSIST THEM WITH PROGRAMS INCORPORATING HEALTH AIDES.

IT INCLUDES CONSIDERABLE DISCUSSION OF THE DUTIES, TRAINING AND FINANCING OF SCHOOL HEALTH AIDES.

THE COMMITTEE PROVIDED CONSULTATION TO REPRESENTATIVES OF THE DEPARTMENT OF EDUCATION AND DIVISION OF HEALTH IN PREPARATION OF THIS MANUAL.

Printed: 1970

Reprinted with minor revisions: 1971

Appendix 100-9.03
Manual - "Planning and Staffing a School Health Program"

(See 100-8.01)

PHYSICAL EXAMINATIONS FOR SCHOOL PERSONNEL

100-10.01 School Bus Driver Examination

Problem: Procedures for implementation of Section 234.05, Florida School Code.

Action: THE COMMITTEE RECOMMENDED THAT THE DEPARTMENT OF EDUCATION SUGGEST TO COUNTY SCHOOL BOARDS THAT THEY CONSULT THE COUNTY MEDICAL SOCIETY IN THEIR AREA AND APPOINT A PANEL OF LICENSED PHYSICIANS IN THE COMMUNITY TO PERFORM SCHOOL BUS DRIVER EXAMINATIONS. THIS RECOMMENDATION WAS APPROVED BY THE FLORIDA MEDICAL ASSOCIATION'S BOARD OF GOVERNORS.

Effective Date: 1959

100-10.02 Tuberculin Testing

Problem: During the discussion of health examinations for school personnel, question arose about tuberculosis.

Action: THE COMMITTEE RECOMMENDED THAT EACH PERSON EMPLOYED BY THE SCHOOLS SUBMIT EVIDENCE, ANNUALLY, OF FREEDOM FROM TUBERCULOSIS INFECTION. PROCEDURES SHOULD BE BASED ON STANDARDS ACCEPTABLE TO MEDICAL OPINION IN THE LOCAL COMMUNITY.

Effective Date: 1959

Follow up: 1972

Tuberculin Skin Test in Lieu of Chest X-Ray

Problem: Increasing awareness of need to avoid unnecessary irradiation.

Action:

1. IN RESPONSE TO A NUMBER OF INQUIRIES, THE COMMITTEE DISCUSSED THE DESIRABILITY OF ROUTINE X-RAYS.

2. THE COMMITTEE RECOMMENDED THAT FOR PHYSICAL EXAMINATION OF TEACHERS AND OTHER SCHOOL PERSONNEL, TUBERCULIN SKIN TESTING SHOULD BE DONE IN LIEU OF ROUTINE CHEST X-RAYS EXCEPT FOR PERSONNEL WITH KNOWN POSITIVE SKIN TESTS. THE COMMITTEE FURTHER RECOMMENDED THAT A NEGATIVE SKIN TEST PERFORMED WITHIN THE SIX MONTHS PRIOR TO PHYSICAL EXAMINATION WOULD BE ACCEPTABLE.

100-10.03 Teachers' Certificate Physical Examination

Problem: The attention of the Florida Medical Association's Board of Governors was called to the wording of the law requiring a physician to sign a certification for examination for a teacher's certificate. This certificate is required whenever a teacher's registration is changed (e.g., going from B.S. to M.S.). A new certificate must be filed at such time.

Committee Finding:

THE DEPARTMENT OF EDUCATION WAS NOT CONSULTED PRIOR TO PASSAGE OF THE ABOVE LAW. THEY RECOGNIZE AND WILL UNDERTAKE TO CHANGE THE LAW APPROPRIATELY ALONG WITH A COMPLETE REVISION OF ALL LAWS AFFECTING SCHOOL HEALTH.

Date: 1966

100-10.04 Confidentiality of Teacher's Medical Records
(Specific reference to psychiatric examinations)

Problem: The Florida Education Association brought to the attention of the Florida Medical Association their concern that teachers' contracts failed to afford adequate protection to the teacher who might be required by the School Board to have a psychiatric examination.

Actions: THIS MATTER WAS CONSIDERED BY BOTH THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE AND THE FMA'S MENTAL HEALTH COMMITTEE. RECOMMENDATIONS WERE MADE TO THE FLORIDA EDUCATION ASSOCIATION REGARDING SUITABLE REWORDING OF SECTION 12 OF THE TEACHERS' CONTRACTS, THUS:

"...AND THE TEACHER FURTHER AGREES THAT THE COUNTY BOARD SHALL HAVE THE RIGHT AT ANY TIME DURING THE TERM OF THIS CONTRACT TO REQUIRE THAT THE TEACHER SHALL SUBMIT TO A PHYSICAL OR A PSYCHIATRIC EXAMINATION OR BOTH. THE TEACHER WILL BE ALLOWED TO CHOOSE TWO QUALIFIED PHYSICIANS FROM APPROPRIATE SPECIALTIES FROM A LIST OF PHYSICIANS APPOINTED AS PANELISTS TO SERVE TO REPRESENT THE DIVISION OF VOCATIONAL REHABILITATION IN THE STATE OF FLORIDA. THE TEACHER FURTHER AGREES TO SUBMIT TO THIS EXAMINATION IF REQUESTED AND TO PROVIDE THE EXAMINING PHYSICIAN WITH WRITTEN AUTHORIZATION TO ALLOW THE REPORT OF SAID PHYSICIAN TO BE SUBMITTED TO THE COUNTY BOARD."

Effective Date: 1969

100-11

STUDENT MEDICAL AND DENTAL EXAMINATIONS AND FORMS

100-11.01 Examiner and frequency of physical examination

Problem: How often should students be examined? By whom?

Action:

1. PHYSICAL EXAMINATIONS SHOULD BE GIVEN BY THE FAMILY PHYSICIAN IF THERE IS ONE. IF NOT, THE PUBLIC HEALTH DOCTORS MIGHT BE USED.

2. IT IS DESIRABLE THAT STUDENTS HAVE FOUR COMPLETE PHYSICAL EXAMINATIONS DURING THEIR SCHOOL CAREERS. HOWEVER, THE COMMITTEE RECOMMENDED AT PRESENT A MINIMAL STANDARD BE ATTEMPTED WITH TWO EXAMINATIONS, ONE PRIOR TO ENTRANCE, ONE DURING THE PREADOLESCENT PERIOD.

Effective Date: 1959

(See 100-8.03)

100-11.02 Physical Examination for Drivers Education

Problem: Effective July 1, 1963, a new law requires that drivers license applicants who are under 18 successfully complete a public school or otherwise approved driver education course. The Department of Education, with the endorsement of the School Health Medical Advisory Committee, requires that students have a physical examination in order to complete the driver education course. A suitable form is needed for this examination.

Effective Date: MCH 304-B was first distributed in 1963.
Note: In response to numerous requests, requirements for this specific examination are being reviewed - 1972.

100-11.03 First Revision of MCH 304-B

Problem: Confusion regarding the intended use of the first version of MCH 304-B necessitated revision.

Action: The many suggestions submitted by committee members, other physicians in private practice and health officers were considered in preparation of a simple but comprehensive form which could be utilized for all physical examinations necessary for students.

IT WAS POINTED OUT THAT SUCH A FORM SHOULD PROVIDE:

1. READILY AVAILABLE HEALTH INFORMATION FOR PROTECTION OF THE HEALTH OF THE CHILD.

2. READY ACCESS TO INFORMATION WHICH WOULD AFFECT ACADEMIC AND NON-ACADEMIC ACTIVITIES AND PROVIDE VOCATIONAL GUIDANCE.

Effective Date: MCH 304-B First revision was distributed in 1966.

Follow up: 1971 - Second revision distributed.

(See 100-11.06)

100-11.04 Revision of School Health Record MCH 304

Problem: Introduction of Physical Examination form MCH 304-B led to confusion about the use of the original School Health Record MCH 304. Also space was not provided to record vaccines recently introduced.

Action: THE COMMITTEE RECOMMENDED THAT MCH 304 BE REVISED FOR USE ONLY IN THE SCHOOLS AS A CUMULATIVE SCHOOL HEALTH RECORD. IT PROVIDES SPACE FOR A PERMANENT RECORD OF SCREENING EXAMINATIONS, ILLNESS, INJURIES, IMMUNIZATIONS, ESSENTIAL HEALTH DATA TRANSFERRED FROM STUDENT MEDICAL EXAMINATION FORM MCH 304-B AND NARRATIVE COMMENTS BY TEACHERS, NURSES, OTHER AUTHORIZED PERSONNEL, INCLUDING SOCIAL WORKERS, ETC.

Effective Date: Cumulative School Health Record MCH 304 (Revised 8/70) was distributed in 1970 in limited supply.

A later printing, MCH 304 Revised 8/70 (RP) was circulated to all counties in 1971.

Appendix 100-11.04 (A) MCH 304 Revised 8/70 (RP)
100-11.04 (B) Instructions for use
100-11.04 (C) Accompanying memorandum

100-11.05 Athletic Participation Form - Special Physical Examination Form for Athletes

Problem: Need for additional physical information, particularly orthopedic, about students participating in athletics.

Action: THE COMMITTEE RECOMMENDED THAT EXAMINATION FORM MCH 304-B BE USED FOR ALL PHYSICAL EXAMINATIONS, WITH THE ATTACHMENT OF A MORE DETAILED ATHLETIC FORM FOR PARTICIPATION IN SPORTS IF DESIRED.

Effective Date: 1970

Appendix 100-11.06 (A) and (B)
MCH 304-B (Revised 12/70) and Instructions for use

100-11.06 Second Revision of MCH 304-B

Problem: Introduction of new vaccines, expanding educational programs for exceptional children, and educators' increasing awareness of the value of adequate health data in curriculum adaptation indicated the need for a more complete physical examination form.

Action: REVISION WAS UNDERTAKEN, CONSIDERING THESE FACTORS. THE FORM WAS PRINTED ON BUFF PAPER, TO ELIMINATE CONFUSION WITH EARLIER VERSIONS AND WITH MCH 304. THE INTENDED USE OF THIS FORM FOR ALL PHYSICAL EXAMINATIONS (EXCEPT THOSE SPORTS NECESSITATING MORE DETAILED INFORMATION) WAS EXPLAINED IN A MEMORANDUM CIRCULATED TO ALL COUNTY HEALTH OFFICERS AND COUNTY SCHOOL SUPERINTENDENTS.

Effective Date: Student Medical Examination MCH 304-B (Revised 12/70) was circulated to all counties in 1971

Appendix 100-11.06 (A) MCH 304-B (Revised 12/70)
100-11.06 (B) Instructions for use
100-11.0 (C) Accompanying memorandum

100-11.07 Separate Dental Examination Form

Problem: Increasing concern for children's dental problems dictated the need for a separate dental examination form.

Action: The Committee approved development of a separate dental form, to be used as a companion to the present Student Medical Examination Form MCH 304-B and printed on paper of another color. After completion it should be placed in the student's Cumulative School Health Record MCH 304. The dental consultants to the Committee cooperated with the Dental Bureau Chief, Division of Health, in preparing this form, which has received final approval for printing.

Status: Distribution expected in 1972

(See 100-2.01, 100-2.03)

OTHER SCHOOL HEALTH FORMS

100-12.01 Medical Information Referral Form -
Educator to Physician, Direct

Problem: In 1964, the Committee discussed the need for improved methods of sending information from physicians to schools and vice versa, concerning specific health problems of students.

Action: DESPITE THE NEED FOR BETTER PHYSICIAN-EDUCATOR COMMUNICATION, THE COMMITTEE AGREED:

1. THAT PARENTAL INVOLVEMENT WAS NECESSARY, AS PARENT OBJECTION TO TEACHERS MAKING DIRECT REFERRALS TO PHYSICIANS WAS AN OBVIOUS RISK. THEREFORE DEVELOPMENT OF ANY DIRECT REFERRAL FORM WAS ABANDONED BY THE COMMITTEE.

2. IN DOING SO, THE COMMITTEE REITERATED REFERRAL RECOMMENDATIONS MADE IN BULLETIN 4-D.

Appendix 100-12.01 Bulletin 4-D

Effective Date: 1966

100-12.02 School Health Referral Form A-28
Educators, School Health Personnel to Parents

Problem: Need for simple form with which to inform parents of abnormal results of screening tests and to recommend professional follow up.

Action: AFTER CONSULTATION WITH VARIOUS HEALTH PROFESSIONAL GROUPS, REPORT OF EXAMINATION FORM A-28 WAS PREPARED BY THE STATE BOARD OF HEALTH FOR THIS PURPOSE.

Effective Date: 1967

Appendix 100-12.02 "Report of Examination" Form A-28

100-13

PHYSICAL FITNESS PROGRAM

100-13.01 President's Fitness Program

Problem: Need for strong action to obtain public support.

Action: Excerpts from committee activity - 1961-1968:

1962: THE COMMITTEE ENDORSED AN AMENDED OUTLINE OF A PROPOSED GOVERNOR'S COUNCIL ON HEALTH AND FITNESS FOR FLORIDA YOUTH (YOUTH HEALTH AND FITNESS COUNCIL). THE BASIC PURPOSE OF THE COUNCIL: TO HELP ACHIEVE THE BEST POSSIBLE HEALTH AND FITNESS FOR FLORIDA YOUTH.

1963: THE COMMITTEE SUGGESTED IT WOULD BE TIMELY TO HAVE A GOVERNOR'S FITNESS CONFERENCE IN FLORIDA, WHICH COULD LEAD TO THE CREATION OF A HEALTH AND FITNESS COUNCIL.

1964: The Committee reviewed progress in the areas of physical fitness and health instruction in the schools, with state Department of Education staff pointing out efforts to keep physical fitness and exercise in proper perspective as part of the school health program. They also reviewed plans being developed in the health education area.

1965: The Committee reviewed reports on legislation recommending establishment and expansion of physical fitness programs in all public schools and universities in Florida.
A DEPARTMENT OF EDUCATION REPRESENTATIVE WAS AUTHORIZED BY THE COMMITTEE TO PREPARE SPECIFIC GUIDELINES FOR A PHYSICAL FITNESS COUNCIL.

1966: Plans and requests submitted for future planning grants for regional physical fitness cultural centers were presented to the committee.
THE COMMITTEE AUTHORIZED A LETTER OF ENDORSEMENT FROM THE COMMITTEE FOR THE PLANNING GRANT PROPOSAL OF THE STATE DEPARTMENT OF EDUCATION.

1968: This matter last appeared in the minutes when the Committee discussed a request about the possibility of establishment of a Governor's Fitness Council.

ATHLETICS AND PHYSICAL EDUCATION

100-14.01 Use of Oxygen in Schools

Problem: Inquiry received by State Board of Health from a County Health Department about appropriate use of oxygen in schools and school athletic events.

Action: AT THE REQUEST OF THE COMMITTEE, THE STATE BOARD OF HEALTH AND STATE DEPARTMENT OF EDUCATION PREPARED A STATEMENT OF POLICY RELATING TO ADMINISTRATION OF OXYGEN IN SCHOOLS AND AT ATHLETIC EVENTS. THIS WAS DONE AND THE STATEMENT ISSUED TO ALL COUNTY HEALTH DEPARTMENTS AND COUNTY SCHOOL SUPERINTENDENTS.

Appendix 100-14.01

Effective Date: 1966

100-14.02 Athletic Injury Conference

Problem: To determine the desirability and feasibility of holding statewide or regional athletic injury conferences such as the highly successful meetings held in one metropolitan county for several years.

Action:

1. THE COMMITTEE INDICATED THAT COOPERATION AND PARTICIPATION OF LOCAL PHYSICIANS WAS ESSENTIAL.

2. THE COMMITTEE REQUESTED THAT DEPARTMENT OF EDUCATION STAFF EXPLORE THIS MATTER WITH APPROPRIATE REPRESENTATIVES OF THE FLORIDA COACHES ASSOCIATION AND OTHER PHYSICAL EDUCATION PERSONNEL. THE CONSENSUS WAS THAT SUCH CONFERENCES WOULD BE WELCOMED.

3. APPROVAL WAS EXPRESSED FOR CONFERENCE TO BE PATTERNED AFTER SEVERAL NATIONAL SPORTS INJURY CONFERENCES SPONSORED BY THE AMERICAN MEDICAL ASSOCIATION AND OTHER GROUPS.

Effective Date: 1967

Follow up: October 1968 - Panama City
Pilot Regional Athletic Injury Conference sponsored by State Department of Education.

November 1968 - Gainesville
Athletic Injury Conference, University of Florida

December 1, 1968 - Miami Beach
Tenth National Conference on the Medical Aspects of Sports
Sponsored by American Medical Association.

100-14.03 Tackle Football in Junior High Schools

Problem: To determine the desirability of tackle football.

Action: 1. The Committee considered this subject in detail, including a review of pertinent published materials and correspondence from medical and sports authorities. They concluded:

A. Junior High School Students are in a period of rapid growth and change and vary widely in their readiness for contact sports such as tackle football.

B. Therefore it is impossible to set minimum limits, by either age or school grade, for participation in these sports.

2. ALTHOUGH THE COMMITTEE BELIEVES THAT THE MINIMAL AGE FOR PARTICIPATION IN TACKLE FOOTBALL SHOULD BE AROUND 14 TO 15 YEARS, THEY RECOMMEND:

A. THE PARTICIPATION OF EACH AND EVERY JUNIOR HIGH SCHOOL STUDENT IN TACKLE FOOTBALL SHOULD BE AN INDIVIDUAL CONSIDERATION BASED UPON EVALUATION OF PHYSICAL READINESS BY THE PARENTS, COACH, SCHOOL OFFICIALS AND THE STUDENT'S PHYSICIAN.

B. EVERY STUDENT WHO IS TO PARTICIPATE MUST HAVE CERTIFICATION AS TO HIS PHYSICAL READINESS BY A PHYSICIAN LICENSED IN THE STATE OF FLORIDA.

Effective Date: 1967

Follow up: 1972

The Committee again considered problems related to athletic activities both inside and outside the school system, observing that there is a general lack of enforcement of regulations and guidelines, particularly regarding tackle football.

Action: THE COMMITTEE REITERATED THEIR PREVIOUS RECOMMENDATIONS, ABOVE, MADE IN 1967.

100-14.04 Use of Trampoline in Physical Education Classes

Problem: Public controversy, following injury to student using a trampoline, resulted in a request from a County Director of Secondary Physical Education for a medical policy regarding use of such equipment.

Action:

1. The Committee expressed the need for statistics on accidents with various types of equipment and sports. Data provided by the Division of Health, covering the past several years, indicated that unsupervised activities were the major source of fatal sports accidents.

2. THE COMMITTEE ADOPTED THE FOLLOWING STATEMENT REGARDING USE OF THE TRAMPOLINE:

   THERE IS NO EVIDENCE THAT THE USE OF THE TRAMPOLINE IN PHYSICAL EDUCATION CLASSES IN JUNIOR AND SENIOR HIGH SCHOOLS UNDER PROPER SUPERVISION IS ANY MORE DANGEROUS THAN MANY OF THE ACTIVITIES IN WHICH YOUNG PEOPLE ARE ENGAGED IN THEIR EVERY DAY LIVES.

Effective Date: 1967

100-14.05 Medical Aspects of Contact Sports

Problem: Need for guidance to local school boards.

Action: THE COMMITTEE REVIEWED THE ACTIVITIES AND RECOMMENDATIONS OF A COUNTY MEDICAL SOCIETY'S COMMITTEE ON SCHOOL HEALTH AND SUGGESTED THEY MIGHT SERVE AS A PATTERN FOR OTHER MEDICAL SOCIETIES.

Appendix 100-14.05
(Recommendations of Alachua County Medical Society's Committee on School Health to schools, relative to medical responsibility for contact sports.

100-14.06 Film: "Team Physician"

Problem: Evaluation for use in Florida.

Action:

1. This film, produced by the American Medical Association, was reviewed by the Committee.

2. The Committee agreed that it would be a valuable tool for physicians, coaches and students.

3. AT THE COMMITTEE'S SUGGESTION, THE AMERICAN MEDICAL ASSOCIATION PLACED TWO COPIES OF THE FILM WITH THE FLORIDA MEDICAL ASSOCIATION. THESE ARE NOWAVAILABLE FROM THE DEPARTMENT OF EDUCATION AND DIVISION OF HEALTH FILM LIBRARIES FOR DISTRIBUTION WITHIN THE STATE.

Effective Date: 1969

100-14.07 Athletic Equipment

Problem: Knee injuries resulting from fixation of foot (primarily associated with long heel cleats) and need for prevention.

Action: 1. Discussion:

A. New heel equipment for football shoes (disc and bar type heel devices eliminating heel cleats) was described.

B. Other alternatives discussed included artificial turf and exclusive use of sneaker type shoes.

2. THE COMMITTEE AGREED THERE IS A GREAT NEED FOR STUDY OF KNEE AND ANKLE INJURIES AND SUGGESTED:

A. SAMPLES OF SHOES WITH PREVENTIVE DEVICES BE DISPLAYED AT AN UPCOMING COACHES' CONFERENCE IN GAINESVILLE, WITH PHYSICIANS ON HAND TO DESCRIBE THE MERITS OF SUCH DEVICES.

B. PILOT STUDY, WITH ONE SCHOOL CONFERENCE TO BE SELECTED FOR USE OF THE DISC-TYPE SHOES IN A CAREFUL STUDY OF INJURIES AND ANOTHER CONFERENCE WITH INJURIES ALREADY WELL DOCUMENTED TO SERVE AS A CONTROL.

Effective Date: 1970

Follow up: 1971 - Pilot study being conducted in Dade County.

100-14.08 Athletic Injuries Study in Florida High Schools and Colleges

Problem: 1. To determine the incidence of injuries associated with athletics in Florida high schools and colleges.

2. To develop specific recommendations regarding prevention.

Action: 1. THE COMMITTEE EXTABLISHED A SUBCOMMITTEE TO SURVEY THE EXTENT AND RATE OF ATHLETIC INJURIES IN FLORIDA HIGH SCHOOLS AND COLLEGES.

2. THE COMMITTEE REQUESTED A REPORT FROM THE SUB-COMMITTEE CHAIRMAN REGARDING RESULTS AFTER ONE YEAR'S SURVEY OF ATHLETIC INJURIES IN DADE COUNTY.

Effective Date: 1970

Follow up: 1970: A survey was begun in several schools in one metropolitan county, to serve as the basis for later surveys in other parts of the state.

1971: Few high schools have accepted the idea of trainers. However, the Committee received the report that in the survey county the school board is endeavoring to have a trainer who will be on the field for all practices and games. (Note: At present coaches are required to be certified as teachers; the requirement does not include athletic training.)

1. Trainer will not be responsible to the coach.

2. Trainer will be responsible for handling of injuries or illnesses.

3. Trainer will consult with physician as to treatment and return of student to practice and game playing.

Action: THE COMMITTEE ENDORSED FMA RESOLUTION 71-14 CALLING FOR CERTIFICATION OF ATHLETIC TRAINERS. THEY REQUESTED THAT A COPY OF THE RESOLUTION BE SENT TO THE FLORIDA HIGH SCHOOL ACTIVITIES ASSOCIATION AND THE FLORIDA DEPARTMENT OF EDUCATION WITH THE SUGGESTION THAT THEY CIRCULATE A JOINT MEMORANDUM CONCERNING THE APPOINTMENT OF ATHLETIC TRAINERS IN HIGH SCHOOLS.

Effective Date: 1972. The memorandum was circulated to all school systems.

Appendix 100-14.08 FMA Resolution

100-15

PHYSICAL EDUCATION FOR PHYSICALLY HANDICAPPED

100-15.01 Involvement of Physically Handicapped in Physical Education

Problem: A physician in a metropolitan county expressed concern that physically handicapped students are usually made to sit out physical education periods with no activity.

Action:

1. THE COMMITTEE AGREED THAT THE "ALL OR NOTHING" PHILOSOPHY IS HIGHLY UNDESIRABLE. SOME ARRANGEMENT FOR PARTIAL PARTICIPATION OF PHYSICALLY HANDICAPPED STUDENTS MUST BE PROVIDED.

2. The Committee reviewed the statement by the American Medical Association Committee on Exercise and Physical Fitness, which includes recommended classifications for students' physical activities.

3. THE COMMITTEE RECOMMENDED THAT COPIES OF THAT STATEMENT BE FORWARDED BY THE STATE DEPARTMENT OF EDUCATION TO ALL COUNTIES.

Appendix 100-15.01 AMA Statement

Effective Date: 1967

100-15.02 Chapter on Physical Defects, State Bulletin for Physical Education

Problem: Need for chapter revision.

Action: The Committee was advised by the Department of Education that a planning committee will revise the chapter, sending a draft of the rewritten chapter to Committee members for suggestions before final adoption.

Date: 1967

Follow up: 1972 - Suggestion was made that this chapter be included when Bulletin 4-D is revised.

SCHOOL HEALTH AND ACCIDENT INSURANCE POLICIES

100-16.01 Medical and Dental Consultation before Purchase of Policies

Problem: Some school boards are purchasing for their employees and students blanket health insurance policies containing benefits inadequate in some cases and unneeded in others.

Action:

1. During discussion by the Committee the suggestion was made that medical consultation before purchase of these policies could assist in providing proper coverage and help the schools save money.

2. THE COMMITTEE RECOMMENDED THAT COUNTY MEDICAL SOCIETIES BE REQUESTED TO OFFER ASSISTANCE TO LOCAL SCHOOL BOARDS IN REVIEWING SCHOOL HEALTH INSURANCE POLICIES PURCHASED BY SUCH BOARDS AND THAT LOCAL DENTIST GROUPS ALSO BE CONSULTED FOR PROVISIONS PERTAINING TO THE DENTAL ASPECTS OF ATHLETICS.

Effective Date: 1968

100-16.02 Standardized Recommendations for Insurance Coverage

Problem: As above.

Action: THE COMMITTEE POINTED OUT THE NEED FOR STANDARDIZED RECOMMENDATIONS AND APPOINTED A SUBCOMMITTEE TO DEVELOP SUCH RECOMMENTATIONS.

Effective Date: 1968

Activity and Decisions of subcommittee:

1969: a. SCHOOL BOARDS SHOULD HAVE AVAILABLE A LIST OF COVERAGES THEY WANT AND BE ABLE TO ASK INSURANCE COMPANIES TO BID ON SUCH COVERAGE (POSSIBLY 2 OR 3 OPTIONS ON SPECIFICATIONS, FROM WHICH THE BOARD COULD SELECT A LEVEL SUITED TO THEIR PURPOSE AND AREA).

b. A STATEWIDE MINIMAL INSURANCE "PACKAGE" GUIDE WAS DESIRABLE.

1970: a. Although some counties now prepare specifications and request bids, there is little or no coordination among counties.

b. Representatives of Blue Cross-Blue Shield and other companies operating in this field were contacted.

c. The Administrator, Plant Management and Insurance, Department of Education, was consulted.

1971: a. PLANS WERE MADE TO CLEAR THE UNIFORM "PACKAGE" INFORMALLY WITH SUPERINTENDENTS AND MEDICAL AND DENTAL SOCIETIES BEFORE BEGINNING DISTRIBUTION OF THE INSURANCE "PACKAGE" WHEN IT IS AVAILABLE IN FINISHED FORM.

c. THE SUBCOMMITTEE FAVORED ESTABLISHING A PLAN WHEREBY ONE COMPANY MIGHT HANDLE THE INSURANCE COVERAGE FOR THE ENTIRE STATE SCHOOL SYSTEM.

d. The reactions of two insurance companies contacted regarding the uniform "package" were reported to the Committee.

1972: Present effort is being directed toward development of at least a minimal "package" to be available for use during the 1972-73 school year.

IMMUNIZATION

100-17.01 Laws Affecting Immunization

Problem: The need for more complete immunization of school children in Florida. Possible inadequacy of present laws in this regard was considered.

Action: The Committee officially requested formation of a study committee recommending that it include representatives of the State Board of Health, State Department of Education and Florida Medical Association. The Committee should evaluate Florida laws affecting immunization and make necessary recommendations for new legislation or regulations in this field.

Effective Date: 1960 (No further reference made.)

100-17.02 Compulsory Immunization

Problem: The 1971 Florida Legislature passed House Bill 157, which became the Compulsory Immunization Law (Section 232.032 Florida Statutes). This applies to all children entering schools in Florida for the first time regardless of age. As written it requires immunization against poliomyelitis, smallpox, diphtheria, rubeola, rubella, pertussis and tetanus but permits the Division of Health latitude to exempt or add immunizations as determined by medical necessity. Serious problems in expedient implementation resulted because of the short interval between passage of the law and beginning of the 1971-72 school session.

Action:

1. Representatives of the Division of Health responsible for development of guidelines and program implementation met with the Committee, presenting for review the material proposed for statewide distribution to practicing physicians, county health officers and county school systems. They indicated that allowance for past immunization practices was necessary in developing material applicable in 1971, with review and simplification of certification procedures planned for the following year.

2. THE COMMITTEE RECOMMENDED THE FOLLOWING GUIDELINES FOR PREPARING CERTIFICATION AND EXEMPTIONS IN COMPLIANCE WITH THE COMPULSORY IMMUNIZATION LAW:

1971-72 GUIDELINES

I. A CHILD MAY BE CERTIFIED AS FULLY IMMUNIZED IF HE HAS RECEIVED THE FOLLOWING:

A. DIPHTHERIA, PERTUSSIS, TETANUS VACCINE (TRIPLE VACCINE, "DPT")
4 DOSES - THE FOURTH OR BOOSTER DOSE TO BE GIVEN AFTER ONE YEAR OR 15 MONTHS.

B. POLIO VACCINE

1. AT LEAST 3 DOSES OF TRIVALENT ORAL POLIO VACCINE, PROVIDED ONE DOSE WAS GIVEN AT 15 MONTHS OF AGE OR LATER;

OR

2. AT LEAST 3 DOSES OF MONOVALENT ORAL POLIO VACCINE AND ONE DOSE OF TRIVALENT, IF THE LATTER WAS GIVEN AT 15 MONTHS OF AGE OR LATER;

OR

3. AT LEAST 3 DOSES OF INJECTED POLIO VACCINE (SALK) AND ONE DOSE OF TRIVALENT ORAL VACCINE, IF THE LATTER WAS GIVEN AT 15 MONTHS OF AGE OR LATER.

RUBELLA VACCINE (GERMAN MEASLES) - 1 DOSE
TO BE GIVEN AT 12 MONTHS OF AGE OR LATER. NOT TO BE ADMINISTERED TO INFANTS LESS THAN ONE YEAR OLD

RUBEOLA VACCINE (MEASLES) - 1 DOSE
TO BE ADMINISTERED AT 12 MONTHS OF AGE OR SHORTLY THEREAFTER

II. A CHILD MAY BE ISSUED AN EXEMPTION PROVIDED:

A. IN THE OPINION OF THE EXAMINING PHYSICIAN THERE IS A MEDICAL CONTRAINDICATION.

B. ADEQUATE TIME IS NOT AVAILABLE TO ALLOW THE PROPER INTERVAL BETWEEN REQUIRED IMMUNIZATIONS. OFFICIAL CERTIFICATION MUST BE PROVIDED WHEN THE CHILD'S IMMUNIZATIONS HAVE BEEN COMPLETED IN ACCORDANCE WITH ACCEPTED MEDICAL PRACTICE.

III. SPECIAL SITUATIONS:

A. SMALLPOX
BECAUSE OF THE ABSENCE OF SMALLPOX IN THE UNITED STATES AND THE RISK OF REACTION OR COMPLICATION ATTENDING SMALLPOX VACCINATION, SMALLPOX IS OMITTED FROM THE REQUIRED IMMUNIZATIONS.

B. PERTUSSIS
SINCE THE DISEASE PERTUSSIS REPRESENTS A SEVERE HAZARD TO YOUNG INFANTS, IMMUNIZATION MAY BE STARTED AT 2-3 MONTHS OF AGE. HOWEVER, REACTION RATES TO THE VACCINE INCREASE WITH AGE, SO PERTUSSIS VACCINE IS OMITTED FROM THE REQUIRED IMMUNIZATIONS FOR CHILDREN OVER SIX YEARS OF AGE.

Effective Date: Became law June 24, 1971

Guidelines approved by Committee August 1, 1971
for use 1971-72.

Follow up: 1972

Problem: Difficulties in statewide implementation of the Compulsory Immunization Law during the first year. An estimated 12,000 students have had no immunizations.

Action: THE COMMITTEE STRONGLY REAFFIRMED ITS SUPPORT OF THE FLORIDA COMPULSORY IMMUNIZATION LAW TO ACHIEVE IMMUNIZATION OF CHILDREN PRIOR TO THEIR ENTRACNE INTO SCHOOL

EXCERPTS FROM 1972-72 GUIDELINES

Children applying to school with a "Certificate of Immunization". The teacher or registrar should examine the certificate for validity and return it to the parent (or child). The child may then be admitted. No record is needed other than the information required by the school for its own records.

Children applying without a "Certificate of Immunization", i.e. incomplete immunization or no immunization. Since the law provides that the school board, or governing authority of a private school, shall require each pupil to present a certification of immunization (or exemption) for admission, a child without a certificate of immunization or exemption should be referred to his private physician or county health department for immunizations.

The law proviees for individual exemption on competent medical authority for medical reasons. It does not limit or define medical reasons. The physician or county health department should provide all immunizations that can be given in accordance with acceptable medical practice. A medical exemption may then be issued.

Examples:

1. A child who has had no immunization should be given a DPT and Measles/Rubella.

2. A child who has had some immunization, for instance 1 DPT and Measles/Rubella, should be given a DPT and a Polio.

The child then presents the medical exemption to the teacher or registrar and he may be enrolled. The exemption record should be attached to the MCH 304. The child's name and the name and address of his parents should be entered on the school summary form (copy attached) for follow-up as indicated.

Note: The physician or county health department would be expected to furnish the remainder of the immunizations required for certification.

It is strongly urged that every effort be made to complete the immunizations on all children prior to school entrance. It should be emphasized to the public that the law requires that all children have a Certificate of Immunization before they may be admitted to school.

The individual medical exemption should be needed only in the very exceptional case, i.e. where a specific immunization is medically contraindicated or for the student who unknowingly has not completed his immunization, i.e. the student transferring from out-of-state.

In the interest of uniformity the Division of Health will furnish the printed forms for certification, exemption on medical grounds, request for exemption on religious grounds, and the school summary form. The "Certification" will be printed on first quality card stock as a permanent wallet size record.

Appendix 100-17.02 (A) Certificate of Immunization

Appendix 100-17.02 (B) Immunization Summary Form - Kindergarten and First grade (front and back)

Appendix 100-17.02 (C) Immunization History Request

Appendix 100-17.02 (D) Request for Exemption from Immunization

Appendix 100-17.02 (E) Certificate of Exemption

DISEASE, MISCELLANEOUS

100-18.01 Venereal Disease

Problem: Rising incidence among school age children. The Committee considered the possibility of a pilot testing program for venereal disease in schools at two grade levels (9 and 12) in selected areas.

Action: The State Board of Health, in cooperation with the State Department of Education, had already begun to work with county school systems, statewide, in an effort to initiate venereal disease education in the curriculum of junior and senior high schools. For review, the Committee was provided with various materials and literature being used for intensive educational programs in an effort to control the VD problem.

Date: 1965

Status: 1971 - Venereal disease rate rising in Florida.

Action: The Committee reviewed a survey of the venereal disease situation in Florida.

THEY RECOMMENDED THAT STATISTICS REGARDING VENEREAL DISEASE IN FLORIDA BE FORWARDED TO THE DEPARTMENT OF EDUCATION FOR DISTRIBUTION.

Status: 1972

After a report including further analysis of venereal disease statistics, presented by Division of Health personnel, the Committee emphasized the need for intensified health education programs in the schools. The consensus was that venereal disease prevention should be one component of a comprehensive health education program.

100-18.02 Treatment of Minors without Parental Consent

Problem: Question regarding legality of any treatment of minors without parental consent.

Action: The Committee followed the course of bills in the Florida legislature relative to treatment of minors without parental consent.

Treatment of minors, without parental consent, for venereal disease, in particular, is facilitated by amendments to Chapter 384, Florida Statutes.

The Committee agreed that physicians in most circumstances would be guided by a sense of loyalty to the parent. But this needed legislation will make treatment possible for those minors who might not otherwise receive it.

Effective Dates: 1970-1971

Appendix 100-18.02 Statute

100-18.03 Hypertension Study

Problem: Early results of a pilot screening program for high blood pressure in school children, conducted by the Division of Health in northwest Florida, indicated a higher incidence of hypertension among children in low income families than in more affluent groups.

Action: These findings were of considerable interest to the Committee. Because of the unique population characteristics of the limited geographic area included in the pilot study, expansion to other areas of the state was suggested. It was noted that practically all persons assisting with the sutdy are volunteers, keeping the cost minimal.

THE COMMITTEE ENDORSED THE CONCEPT OF BLOOD PRESSURE SURVEILLANCE IN ELEMENTARY SCHOOLS, AS EXEMPLIFIED BY THE DIVISION OF HEALTH'S SCREENING PROGRAM FOR HYPERTENSION IN SCHOOL CHILDREN.

Effective Date: 1970

100-18.04 Diabetes Mellitus

Problem: A physician attending several students who are diabetics called attention to need for an instruction sheet to help teachers handle diabetics in their schools and submitted material prepared for use with his patients.

Action:

1. The Committee moved to notify the physician that local distribution of the submitted material would be desirable if approved by his County Medical Association.

2. THE DIVISION OF HEALTH WAS REQUESTED TO DEVELOP AND SUBMIT A STATEWIDE GUIDE FOR COMMITTEE CONSIDERATION. THE COMMITTEE SUGGESTED INCLUSION OF SUCH A GUIDE IN BULLETIN 4-D, NOW UNDERGOING REVISION.

Effective Date: 1971

1972 - Guidelines in preparation.

100-18.05 Breast Cancer

Problem: Need for education about early detection.

Action: The Committee considered the proposal that a breast self-examination program presently being conducted among girls in Pinellas county be extended to include junior and senior high school students on a statewide basis. They recognized the long-term preventive value of teaching such procedures at an early age.

THE COMMITTEE ENDORSED IN CONCEPT A BREAST SELF-EXAMINATION PROGRAM AS NOW CONDUCTED IN PINELLAS COUNTY, WITH THE IDEA OF MAKING A COMPLETE EVALUATION AT THE END OF THE SCHOOL YEAR, FOR CONSIDERATION OF LATER STATEWIDE IMPLEMENTATION IN THE SCHOOL SYSTEM.

Status: A committee member continues to evaluate the program, 1972.

DENTAL HEALTH

100-19.01 Dental Instruction Aids

Problem: The need for increased attention to preventive dental health.

Action:

1. Bulletin 7 A Guide: "Design for Teaching Dental Health in Florida Schools" was prepared and published jointly by the Bureau of Dental Health of the Florida State Board of Health, the State Department of Education and Florida State Dental Society. Utlimate aim was to provide a copy to every teacher in Florida.

2. A program instituted by the Florida State Dental Society encouraged dentists to go into the schools in an advisory capacity, orienting teachers to the use of the Guide. By 1965 over 500 dentists had volunteered as advisors. To assist dentists in this endeavor "Guidelines for Dentists Teaching Teachers in Public Schools" was also developed and printed.

Comment: The Committee commended the Florida State Dental Society for these activities.

Effective Date: Bulletin 7 published - 1963

Appendix 100-19.01 Bulletin 7 - A Guide: "Design for Teaching Dental Health in Florida Schools" (Supply limited; not included with Policy Index.)

Note: In August, 1972 copies were mailed to County School Board Textbook Managers in all counties, with explanatory memorandum in accordance with Committee recommendation.

100-19.02 Fluoridation

Problem: Pressure placed on State Department of Education by various anti-fluoridation groups.

Action: THE COMMITTEE RECOMMENDED THAT MORE EFFORT SHOULD BE MADE TO EDUCATE LEGISLATORS ON THIS SUBJECT.

Effective Date: 1966

Action: THE COMMITTEE RECOMMENDED TO THE FLORIDA MEDICAL ASSOCIATION, THE DEPARTMENT OF EDUCATION AND DIVISION OF HEALTH THAT ALL PUBLIC WATER SUPPLIES BE FLUORIDATED IN THE INTEREST OF THE HEALTH OF ALL SCHOOL CHILDREN.

Effective Date: 1970

100-19.03 Pilot Dental Program

Problem: The prevelance of dental caries and other serious dental defects among Florida children.

Action: THE DENTAL BUREAU, DIVISION OF HEALTH, PROPOSED A PILOT DENTAL PROGRAM FOR SCHOOL CHILDREN IN THREE COUNTIES, TO INSTRUCT THEM IN PROPER TOOTH BRUSHING PRACTICES AND SUPERVISED SELF-APPLICATION OF PROPHYLACTIC FLUORIDE. THIS PILOT STUDY WAS ENDORSED BY THE COMMITTEE AS A WORTHWHILE, LOW COST PROGRAM, WITH EXTENSION ON A STATEWIDE BASIS TO BE CONSIDERED FOLLOWING EVALUATION OF THE COMPLETED PILOT PROGRAM.

Effective Date: 1970

Follow up: 1972

The pilot study has been completed. Data resulting from the program is undergoing analysis. Decision regarding program expansion will be made after the analysis is finished.

NUTRITION

100-20.01 Type "A" Lunch Program

Problem: Full implementation of public school food and nutrition recommendations adopted by the Florida Medical Association in May, 1966. Seventeen counties are still without type "A" lunch programs.

Action: The State Department of Education and the Florida Association of County School Boards, responding to earlier recommendations by organizations such as the Committee on Rural Health and the Florida Dental Society, have previously communicated with the 17 counties which do not have such programs.

THE STATE DEPARTMENT OF EDUCATION WILL TRANSMIT TO THOSE COUNTIES THE RECOMMENDATION OF THE FLORIDA MEDICAL ASSOCIATION REGARDING IMPLEMENTATION:

THAT PUBLIC SCHOOLS BE URGED TO LIMIT FOOD AND DRINKS AVAILABLE TO PUPILS ON THE SCHOOL CAMPUS TO THE TYPE "A" LUNCH, MILK AND FULL STRENGTH FRUIT JUICES; THAT NUTRITIONALLY ADEQUATE SCHOOL FOOD SERVICE BE PROVIDED IN ALL SCHOOLS, AND THAT THE SCHOOL CURRICULUM EMPHASIZE NUTRITION EDUCATION.

Effective Date: 1966

100-20.02 Nutrition Education and Practices in Schools - Including Low Calorie Lunches for Obese Students

Problem: The Division of Health Nutrition Section called the Committee's attention to the following:

1. Many teachers are not knowledgeable in the nutrition field and see little need to emphasize it. Better preparation in health education is needed.

2. The over-all nutrition status of people in Florida is unknown at present; a need for survey was discussed.

3. In the school lunch program there is no provision to make low calorie lunches available to obese students.

Action: THE COMMITTEE APPROVED THE USE OF LOW CALORIE LUNCHES FOR OBESE BOYS AND GIRLS IN THE SCHOOL LUNCH PROGRAM IF FEASIBLE.

Effective Date: 1970

100-21

PREGNANT AND MARRIED STUDENTS

100-21.01 Continuing Education of Pregnant and/or Married School Girls

Problem: Inadequacy of present provisions by the Department of Education for such students to complete their education. Wide variation exists from county to county; students may be permanently excluded from school or allowed to return only to adult education classes.

Action: The Committee discussed implementation of a resolution adapted by the Florida Medical Association in May, 1970, concerning education of pregnant school girls. Its intent was to insure statewide provision for pregnant students to continue their regular education during and after pregnancy.

Effective Date: 1970

Appendix 100-21.01
FMA Resolution

100-21.02 Pregnant School Girls and Married Students

Problem: A division of Health representative provided statistics on the increasing number of teenage pregnancies, discussing the situation as a social problem with medical aspects.

Action: THE COMMITTEE, AGREEING THAT EDUCATION SHOULD BE MADE AVAILABLE TO THESE STUDENTS, ENDORSES THE CONCEPT OF SENATE BILL 124, WHICH PROVIDES FOR MANDATORY EDUCATION TO AGE 16, THEREBY PREVENTING STUDENTS FROM BEING EXCLUDED FOR REASONS SUCH AS PREGNANCY, MOTHERHOOD, OR MARRIAGE.

Effective Date: February 7, 1971

Follow up: Senate Bill 124 was passed by the 1971 Legislature becoming law July 1, 1971. It prohibits schools from dropping these students.

Appendix 100-21.03 Law - Education and Pregnancy, Motherhood and/or Marriage

HEARING CONSERVATION

100-22.01 FMA Committee on Hearing

Problem: Inadequate referral and follow-up services for children with hearing problems, particularly those from indigent and semi-indigent families.

Action:
1. THE COMMITTEE ON HEARING'S CHAIRMAN EMPHASIZED THE NEED FOR IMPROVEMENT IN THE ABOVE AREA.
2. EMPHASIS WAS PLACED ON THE NEED FOR GREATER ATTENTION TO THE IMPORTANCE OF HEARING TESTING AT BIRTH AND DURING PRESCHOOL YEARS, WITH AWARENESS CONTINUED THROUGHOUT LIFE.

Effective Date: 1962-1963

100-22.02 Hearing Screening Programs in Public Schools

State Board of Health staff reported progress in development of the school hearing screening program and discussed screening methods.

Date: 1966-1967

100-22.03 Preschool Hearing Screening Program

Problem: Need to reach young preschool children for hearing screening so that those with problems may be helped as early as possible (80% of children's hearing defects are reported to be amenable to correction).

Action:
1. The Preschool Hearing program sponsored by the Minnesota State Medical Association was reviewed.
2. Division of Health representatives explained the preschool and kindergarten hearing screening program they have undertaken following a successful pilot study in one county in 1968. The "verbal auditory screening" technique is used. The equipment used for this purpose was demonstrated. Assistance with such a program is available to counties upon request.

Effective Date: 1969

(over)

100-22.04 Hearing Conservation Program

Problem: 1. Lack of uniform guidelines among public and voluntary agencies screening for hearing in preschool and school children

2. Need for strongly supported, expanded and upgraded statewide hearing conservation program for school children.

Action: 1. The Chairman of the FMA Hearing Committee presented a set of minimum standards for the use of state health and education personnel in hearing screening, referral and follow-up programs. These were approved by the Committee with minor revisions.

2. The Hearing Committee Chairman also reviewed the steps taken by some other states to assure uniform statewide hearing programs of high caliber, including addition of screening personnel on a regional basis. Funding mechanics were also discussed.

Effective Date: 1972

Appendix 100-22.04 Hearing Screening Criteria

VISION CONSERVATION

100-23.01 Vision Screening - Polk County Pilot Study

Problem: Appropriate vision screening of children, countywide.

Action:
1. THE COMMITTEE DISCUSSED A REPORT REGARDING THE POLK COUNTY PILOT STUDY ON VISION SCREENING. THIS INCLUDED RECOMMENDATION FROM THE FLORIDA MEDICAL ASSOCIATION'S COMMITTEE ON CONSERVATION.

2. THE COMMITTEE APPROVED THE RECOMMENDATIONS IN PRINCIPLE AND RECOMMENDED THAT THIS PROGRAM BE IMPLEMENTED AS WIDELY AS POSSIBLE, FOR UNIFORM STANDARDS THOUGHTOUT THE STATE.

Effective Date: 1959

100-23.02 FMA Approved Uniform Statewide Eye Screening Program

Problem: Evaluation of progress.

Action: A LARGE NUMBER OF SCHOOLS HAVE ACCEPTED THE PROGRAM. THE COMMITTEE POINTED OUT THAT LOCAL PROGRAMS SHOULD BE CARRIED OUT UNDER DIRECT SUPERVISION OF THE COUNTY HEALTH OFFICER, WITH THE ADVICE OF THE COUNTY MEDICAL SOCIETY.

REPEAT DISTRIBUTION OF INFORMATION DESCRIBING PROCEDURES TO COUNTY MEDICAL SOCIETIES AND HEALTH DEPARTMENTS BY THE FMA COMMITTEE ON VISION CONSERVATION WAS PLANNED.

Effective Date: 1960

100-23.03 County Health Department Vision Screening Survey

Problem: To determine the level of vision testing of school children statewide.

Action: The State Board of Health surveyed all of the 67 County Health Departments, receiving replies from 57. Results were summarized for the Committee.

Date: 1961

100-23.04 Atlantic City Test for Eye Screening

Problem: Promotion of this test in schools.

Action:
1. THE FMA COMMITTEE ON VISION CONSERVATION, RECOMMENDING THE SUPERIORITY OF THIS TEST OVER OTHERS NOW AVAILABLE, REPORTED ON THEIR CONTACTS WITH COUNTY MEDICAL SOCIETIES AND HEALTH DEPARTMENTS TO PROMOTE ITS USE IN SCHOOLS.

2. THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE SUGGESTED THE NEED FOR AN EDUCATIONAL PROGRAM, FOR PEDIATRICIANS AND GENERAL PRACTITIONERS IN PARTICULAR, TO BETTER ACQUAINT THEM WITH THIS SCREENING TECHNIQUE.
Demonstration at the meetings of the Florida Pediatric Society and Academy of General Practice was suggested. The FMA Committee on Vision Conservation was asked to assume responsibility for promotion to physicians including the specialty groups.

Effective Date: 1961

100-23.05 Legislation - Eye Protective Device

Problem: To enforce use of eye protective devices in schools.

Action: The Committee reviewed legislation sponsored by the Florida Society for Prevention of Blindness, and American Legion requiring schools to make eye protective devices available.

Effective Date: 1965

100-23.06 Vision Forms proposed by Florida Board of Optometry

Problem: Question was posed by the State Health Officer to the Committee regarding use in schools of proposed vision screening form and student vision report form.

Action:

1. THE COMMITTEE REAFFIRMED THE VISION SCREENING RECOMMENDATIONS CONTAINED IN BULLETIN 4-D, INDICATING THAT THE PROPOSED SCREENING FORM SHOULD BE CONSIDERED IN THAT LIGHT.

2. THE COMMITTEE AGREED THAT A FORM WAS NEEDED FOR REFERRAL OF STUDENTS BY SCHOOLS AND HEALTH DEPARTMENTS FOR VISION PROBLEMS AND EYE CARE, BUT NOTED WEAKNESS IN THE PROPOSED FORM. THEY REQUESTED:

   a. THAT THE FMA COMMITTEE ON VISION PREPARE A SUITABLE FORM FOR EYE EXAMINATIONS, TO BE SUBMITTED TO THE SCHOOL HEALTH ADVISORY COMMITTEE FOR REVIEW AND APPROVAL.

   b. THAT THE STATE HEALTH OFFICER AND STATE SUPERINTENDENT OF PUBLIC INSTRUCTION BE ADVISED TO THIS EFFECT.

Dates: 1965-1967

100-23.07 Titmus Optical Company - Vision Testing Equipment

Problem: Evaluation for school programs.

Action:

1. Availability of this new equipment was discussed.

2. THE COMMITTEE REQUESTED THAT THE FMA COMMITTEE ON VISION REVIEW THE POSSIBLE NEED FOR A NEW POLICY ON VISION TESTING IN THE SCHOOLS AND PROVIDE CURRENT RECOMMENDATIONS.

3. RECOMMENDATIONS WERE PRESENTED AND REVIEWED. THE COMMITTEE SUGGESTED THAT THEY BE DISTRIBUTED APPROPRIATELY BY THE STATE BOARD OF HEALTH.

4. In response to the latter agency's request for more comprehensive data, the Committee on Vision indicated intent to prepara a list of all available vision screening equipment, with an evaluation of the competence of each, and to make such list available to the School Health Medical Advisory Committee at an early date.

5. Plans were made for the Committee on Vision, in cooperation with the Department of Education, to prepare a videotape, film or exhibit presentation on vision screening which could be used in various medical meetings for professional education in this field.

Dates: 1965-1969

Follow up: 1971

Technical and editing delays postponed full Committee review of the completed video tape until 1971. The Committee did not approve it for release in its present form, but acknowledged the need for such educational material. Plans were made for continued effort to develop audio visual adies, including a standard 16 mm. film.

Effective Date: 1971

100-23.08 Duval County Pilot Vision Screening Program

Problem: To inaugurate a more adequate vision screening program in schools.

Action: The Duval Chapter, Florida Society for Prevention of Blindness, Inc., has cooperated with local opthalmologists, optometrists and local school authorities in developing a countywide vision

screening program for public schools, based on use of lighted Snellen charts, specially trained volunteers, with follow-up by school service personnel.

This program, which began as a summer pilot program in 1971, is being observed at national level for evaluation, as well as locally.

2. THE COMMITTEE INVITED REPRESENTATIVES OF THE DUVAL COUNTY VISION SCREENING PROGRAM TO DESCRIBE THEIR METHODS AND EXPERIENCE AFTER THE PROGRAM IS SUFFICIENTLY ADVANCED. THE CHAIRMAN, FMA COMMITTEE ON VISION, WILL BE INVITED TO ATTEND THE MEETING.

Effective Date: 1971
Status - 1972 - Report expected before end of year.

100-23.09 Division of Health request for Statewide Evaluation of Vision Screening Programs

Problem: There is increasing variation in these programs among counties. This results from:

1. The input of multiple local advisory committees

2. Increasing interest of special education disciplines in conducting programs within schools, sometimes without county health department involvement.

Action: 1. A DIVISION OF HEALTH REPRESENTATIVE DISTRIBUTED TO COMMITTEE MEMBERS THE ARIZONA VISION SCREENING MANUAL, DEVELOPED BY MULTI-DISCIPLINARY STATE COMMITTEE, AND REQUESTED THAT SUCH AN EFFORT BE CONSIDERED FOR FLORIDA, TO INSURE A STATE-WIDE QUALITY PROGRAM IN ALL ELEMENTARY AND SECONDARY SCHOOLS.

2. THE COMMITTEE AGREED THAT AN ACUTE NEED EXISTS FOR A COMPREHENSIVE VISION SCREENING PROGRAM THROUGHOUT THE STATE, AS WELL AS UPDATING OF EQUIPMENT RECOMMENDATIONS. IN THIS CONNECTION, THE CHAIRMAN OF THE FMA COMMITTEE ON VISION AND A REPRESENTATIVE OF THE FLORIDA SOCIETY OF OPTHALMOLOGY WILL BE INVITED TO MEET WITH THIS COMMITTEE.

Effective Date: 1971

Status - 1972 - Division of Health staff are meeting with FMA's Committee on Vision Chairman and others in preparation for in-depth presentation to School Health Medical Advisory Committee

LEARNING DISABILITIES

100-24.01 Teacher Preparation

Problem:
1. Need for early identification of learning disabilities.
2. Concern about adequate preparation of elementaty teachers to recognize students with this problem.

Action: REPRESENTATIVES OF THE DEPARTMENT OF EDUCATION WERE ASKED TO EXPLORE THIS PROBLEM AND VARIOUS MEANS SUGGESTED FOR ITS IMPROVEMENT, AND REPORT.

Effective Date: 1970

Follow up:

The Committee received the report that a three hour course combining health and physical education is presently required for elementary teachers.

They expressed concern that not enough emphasis is being placed on the health education aspects of such courses and that the courses are not being taught by health educators.

The consensus was that teachers should receive more training to observe students for health-related problems and learning disabilities.

Action: The Committee recommended to the Commissioner of Education that:

1. A DEFICIENCY IN IDENTIFICATION OF LEARNING DISABILITIES IN ELEMENTARY TEACHER EDUCATION BE RECOGNIZED AND APPROPRIATE EMPHASIS BE GIVEN TO THIS PROBLEM IN ELEMENTARY TEACHER CERTIFICATION REQUIREMENTS; AND
2. ALL STUDENTS IN THE FIRST, SECOND AND THIRD GRADES WHO FAIL PROMOTION, AND/OR ARE OBSERVED TO HAVE LEARNING PROBLEMS, BE GIVEN A PHYSICAL AND EMOTIONAL EVALUATION BEFORE READMISSION TO SCHOOL.

Effective Date: 1972

HEALTH EDUCATION - UNDERGRADUATE AND GRADUATE PROGRAMS

100-25.01 Health Education Programs in Florida Universities

Problem: Recent discontinuation of Florida State University degree programs in Health Education.

Action:

1. The Committee reviewed the situation leading to abrupt abolishment of the Health Education degree program at FSU in 1968 and endeavored to evaluate the increasing rather than decreasing need for Health Education training in the state university at this time.

2. THE COMMITTEE MADE KNOWN, BY CORRESPONDENCE AND PERSONAL COMMUNICATION WITH THE BOARD OF REGENTS, UNIVERSITY PRESIDENT, STATE HEALTH OFFICER, STATE SUPERINTENDENT OF PUBLIC INSTRUCTION AND OTHERS, ITS CONCERN REGARDING THE FUTURE STATUS OF PROGRAMS WITHIN THE UNIVERSITY SYSTEM TO ACCOMODATE HEALTH EDUCATION MAJORS AND POSTGRADUATE STUDENTS AS WELL AS ADEQUATELY TO PREPARE ELEMENTARY EDUCATION TEACHERS IN THIS FIELD. THEY CONVEYED THEIR INTEREST IN RESTORATION OF SUCH PROGRAMS AT THAT INSTITUTION AND OTHER STATE UNIVERSITIES.

Effective Date: 1969

100-25.02 Proposed National Study of Health Education at All School Levels

Problem: Lack of adequate information about the extent and content of Health Education instruction at all levels in schools and universities.

Action:

1. The Committee discussed the need for more information on this subject, nationwide.

2. The Committee reviewed and discussed the 1967 findings of the School Health Education Study (SHES).

3. THE COMMITTEE RECOMMENDED TO THE JOINT COMMITTEE ON HEALTH PROBLEMS IN EDUCATION OF THE NEA AND AMA THAT A NATIONAL STUDY OR SURVEY BE UNDERTAKEN TO DETERMINE THE EXTENT AND CONTENT OF HEALTH INSTRUCTION BEING GIVEN AT EACH AND ALL LEVELS IN SCHOOLS.

Effective Date: 1970

100-25.03 Task Force on Health Education Teacher Education Programs

Problem: To review Health Education instruction throughout the Florida school system, including Florida elementary and secondary schools, Junior Colleges and Universities, and the facilities for preparation of majors and postgraduate students in this field, as well as education majors.

Action:

1. This Task Force, convened in 1969 by the Commissioner of Education, was composed of representatives of the School Health Medical Advisory Committee, Board of Regents, Junior Colleges and Universities (including Health Education personnel, curriculum specialists and other educators) and the PTA.

2. DELIBERATIONS OF THIS TASK FORCE PRODUCED RECOMMENDATIONS FOR APPROPRIATE EXPANSION OF HEALTH EDUCATION PROGRAMS THROUGHOUT THE UNIVERSITY SYSTEM, TO INCLUDE IMPROVED PREPARATION OF ELEMENTARY EDUCATION STUDENTS, INSERVICE TRAINING FOR TEACHERS PRESENTLY EMPLOYED AND A GREATER INVOLVEMENT OF JUNIOR COLLEGES IN THIS EFFORT.

Effective Date: 1970

Follow up: 1971 - THE COMMITTEE HAS REQUESTED PERIODIC REPORTS FROM THE DEPARTMENT OF EDUCATION REPRESENTATIVES ABOUT THE EXTENT TO WHICH TASK FORCE RECOMMENDATIONS HAVE BEEN IMPLEMENTED. THE COMMITTEE CONTINUES TO STRESS THE NEED FOR MORE AND BETTER QUALITY HEALTH EDUCATION INSTRUCTION FOR STATE UNIVERSITY STUDENTS PREPARING TO TEACH IN ELEMENTARY SCHOOLS.

Although portions of the Task Force recommendations remain to be implemented, Department of Education representatives reported considerable progress, including new Health Education programs and developments in each region of the state, with universities offering more courses in drug education and general Health Education, both on and off campus.

Action: The Committee voted to:

1. COMMEND THE BOARD OF REGENTS AND THE STATE UNIVERSITY SYSTEM FOR PROGRESS BEING MADE IN TEACHER TRAINING IN HEALTH EDUCATION.

2. RECOMMEND THAT EDUCATION RELATING TO DRUG ABUSE BE EXPANDED FOR ELEMENTARY TEACHERS.

3. RECOMMEND THAT, IN ALL COURSES FOR TEACHER CERTIFICATION, INCREASED EMPHASIS SHOULD PLACED UPON THE RECOGNITION OF LEARNING DISABILITIES IN STUDENTS.

Appendix 100-25.03
Recommendations of Task Force on Health Education Teacher Education

Effective Date: 1971

HEALTH EDUCATION PROGRAM
(TEXTBOOKS, INSTRUCTIONAL METHODS)

100-26.01 Medical Consultation

Problem: Some of the textbooks now in use are out of date, others may be medically inaccurate.

Action: THE COMMITTEE DISCUSSED THE OBVIOUS NEED FOR UP-TO-DATE, ACCURATE MEDICAL CONTENT AND MADE KNOWN ITS AVAILABILITY TO REVIEW SUCH MATERIALS WHENEVER REQUESTED TO DO SO BY THE STATE DEPARTMENT OF EDUCATION OR STATE BOARD OF HEALTH.

Effective Date: 1960

100-26.02 Strengthening of Health Instruction Curriculum

Problem: A State Department of Education representative described health instruction as a weak area in the curriculum, particularly in secondary schools, requiring detailed consideration by the Committee.

Action: 1. THE COMMITTEE DISCUSSED THE VALUE OF A COURSE OF HEALTH EDUCATION IN SECONDARY SCHOOLS, TO BE TAUGHT BY PROPERLY QUALIFIED TEACHERS USING CAREFULLY PREPARED INFORMATION. IN SUPPORT OF THIS POSITION THEY DIRECTED THAT A LETTER BE WRITTEN TO THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION URGING THAT NECESSARY STEPS BE TAKEN TO INCLUDE IN THE SECONDARY SCHOOL CURRICULUM A COURSE IN HEALTH EDUCATION.

Effective Date: 1962

Action: 2. The need was expressed for increased emphasis on programs about smoking, alcohol, venereal disease and sex education. Other subjects requiring student attention included health insurance, history of medical, dental and other health related professions and appropriate use of their services (including when to seek their help).

Reservations of educators about being more forceful in the health field were offered as one reason for the weakness of education in health matters.

THE COMMITTEE REQUESTED THAT THE STATE DEPARTMENT OF EDUCATION AND THE STATE BOARD OF HEALTH PROCEED IMMEDIATELY WITH DEVELOPMENT OF AN OUTLINE OF PRACTICAL HEALTH EDUCATION IN THE SCHOOL SYSTEM, WITH AN APPROXIMATE TOPICAL OUTLINE OF CONTENT AND IDENTIFICATION OF STEPS TO BE TAKEN FOR IMMEDIATE IMPLEMENTATION.

Effective Date: 1963

Action: 3. The Committee discussed problems in developing an adequate health education curriculum. The most pressing concern appeared to be selection of suitable textbooks for students.

THE COMMITTEE REITERATED ITS LONGSTANDING CONCERN, AND REQUESTED THE STATE DEPARTMENT OF EDUCATION TO PREPARE INFORMATION ON THE STATUS OF HEALTH EDUCATION MATERIALS CURRENTLY AVAILABLE AND SUBMIT SUGGESTIONS AS TO EXISTING NEEDS.

THE COMMITTEE AGREED THAT HEALTH EDUCATION SHOULD BE AN INTEGRAL PART OF INSTRUCTION, TAUGHT BY QUALIFIED TEACHERS.

Effective Date: 1964

Action: 4. The Committee reviewed results of a national study of health education in schools, which indicated that deficiencies in this activity are nationwide.

THEY ALSO REVIEWED FLORIDA SENATE BILL 638, WHICH RELATED TO IMPROVEMENT OF HEALTH EDUCATION IN SUCH SUBJECTS AS ALCOHOL, SMOKING AND PHYSICAL FITNESS, AUTHORIZED THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION TO DEVELOP AND PROVIDE MATERIAL FOR CONDUCTING AN INSERVICE PROGRAM IN HEALTH EDUCATION FOR SCHOOL PERSONNEL AND SOUGHT A $90,000. APPROPRIATION FOR THIS PURPOSE.

THE COMMITTEE VOTED TO APPROVE AND ENDORSE SENATE BILL 638 AND TO TAKE STEPS TO PUBLICIZE THEIR ACTION WIDELY.
Note: The Bill did not pass.

5. A Department of Education representative summarized the results of a survey in which 500 of a possible 700 schools replied regarding requirement of specific health courses:

a. The majority of respondents favored such requirements. The main reason for objection among those responding negatively was an already crowded curriculum.

b. The number of health courses has increased, though content and quality need improvement.

c. A full time health educator is needed on the State Department of Education staff, to implement and improve health education in Florida schools.

6. THE COMMITTEE REVIEWED AND ENDORSED PUBLICATION OF A TEACHING GUIDE "THE HEART AND CIRCULATORY SYSTEM". THIS WAS COMPILED BY THE DEPARTMENT OF EDUCATION, IN COOPERATION WITH THE FLORIDA HEART ASSOCIATION, FOR RELEASE TO FLORIDA'S SECONDARY SCHOOLS.

The need was discussed for more emphasis on instruction in mental health, problems of aging, exercise and health, nutrition, accident prevention, medical careers, comsumer education, in addition to others listed previously.

Effective Date: 1965

Follow up: Medical Careers

Stressing the need for more trained health personnel, a representative of Vocational Education described plans for expanded health careers activities in the Vocational Education program.

Date: 1966

100-26.03 Venereal Disease and Sex Education vs. Family Life Education

Problem: THE NEED WAS EXPRESSED FOR VENEREAL DISEASE AND SEX EDUCATION TO BE INCORPORATED INTO OVER-ALL HEALTH INSTRUCTION, UNDER A TERM SUCH AS "FAMILY LIFE EDUCATION".

Action: THE COMMITTEE AGREED THAT PHYSICIANS AND EDUCATORS MUST DO MUCH MORE ON THE PROBLEM OF VENEREAL DISEASE.

A Department of Education representative explained problems encountered in promoting establishment of effective programs in these subjects and described all health curriculum guides in use and projected.

The State Board of Health was requested to provide the Committee with current statistics on venereal disease incidence.

Effective Date: 1966

100-26.04 SHES Project (School Health Education Studies)

A proposed Health Education demonstration Program to begin in selected counties September, 1968, was described by Department of Education personnel.

Aim: Improve health education activities
Financing: Title I (ESEA)

The Committee saw visual aids produced by Minnesota Mining and Manufacturing Company. Other materials are being developed by a national committee. Counties may use all or part (local option).

Letters were sought from the Committee and Medical and Dental Societies to support the proposed pilot project.

Date - 1967

Follow up:

1968 - Project implemented in Broward, Duval, and Seminole counties (nine schools total).

1969 - Progress of this pilot program was reviewed, including problems arising from its confusion in some localities with sex education per se.

In conjunction with this project, a video tape series was developed for the Department of Education by ETV (Channel 7) for use as inservice education material. Committee members taped portions on subjects such as the importance of health education and school health services. These are being circulated widely in the schools.

197 - Final evaluation of the effectiveness of the SHES pilot program has been reported. Comparative findings indicate the value of the conceptual approach used by instructors in this program.

In 1971 another metropolitan county was awarded a five-year grant for a similar program.

100-26.05 Health Problems in Education

THE RELATIVE MERIT OF CONDUCTING "CRASH" PROGRAMS COVERING ONE HEALTH AREA VS. INCORPORATING ALL SUCH TOPICS INTO A COMPREHENSIVE EDUCATIONAL PROGRAM WAS DEBATED BY THE COMMITTEE, WITH AGREEMENT THAT IF A LOCAL PROBLEM IS URGENT, A CRASH PROGRAM MAY BE JUSTIFIED, WITH INCLUSION OF PARENTS RECOMMENDED. IN GENERAL, THE COMPREHENSIVE APPROACH IS ADVOCATED.

The Committee reviewed and discussed various recent resolutions and/or position statements regarding health problems in schools, including health education, particularly the controversial subject of family life and sex education.

Reference was made to action by the Joint Committee of National School Boards Association, American Association of School Administrators, The Joint Committee on Health Problems in Education - NEA-AMA, and the American Association for Health Physical Education and Recreation.

THE COMMITTEE RECOMMENDED TO THE FMA BOARD OF GOVERNORS THAT A LETTER BE WRITTEN TO THE COUNTY MEDICAL SOCIETIES ENCLOSING A COPY OF THE AAHPER RESOLUTION ON FAMILY LIFE EDUCATION, REQUESTING THESE SOCIETIES TO VOLUNTEER THEIR SERVICES TO THE SCHOOLS IN ESTABLISHING FAMILY LIFE AND SEX EDUCATION UPON IDENTIFICATION OF NEED BY SCHOOL AND HEALTH OFFICIALS OR BY THE LOCAL OR COUNTY SCHOOL HEALTH MEDICAL ADVISORY COMMITTEES.

THE COMMITTEE REEMPHASIZED THE IMPORTANCE, IN THIS CONNECTION, OF ACTIVE LOCAL SCHOOL HEALTH ADVISORY COMMITTEES, TO INCLUDE REPRESENTATIVES OF COUNTY HEALTH DEPARTMENTS, MEDICAL AND DENTAL SOCIETIES INTERESTED IN SCHOOL HEALTH, AND THE PTA.

Effective Date: 1968

Appendix 100-26.05 AAHPER Resolution

100-26.06 School Health Position Statement - Department of Education

Following presentation to the Committee, a school health statement by the State Superintendent of Public Instruction was released by the Department of Education in 1969. It followed closely an American Medical Association policy statement released July, 1969

THE COMMITTEE ACCEPTED AND ENDORSED THIS DEPARTMENT OF EDUCATION HEALTH EDUCATION POSITION STATEMENT.

Appendix 100-26.06
School Health Position Statement - Department of Education

Effective Date: 1969

100-26.07 Health Education Legislation

1969: Senate Bill 284 and House Bill 480, considered by the 1969 Florida Legislature, were expanded from their original status as drug abuse legislation to cover the entire area of health education. They provided for training of health education teachers and required teaching of health education in the schools. Neither bill passed.

THE COMMITTEE COMMENDED THE DEPARTMENT OF EDUCATION STAFF FOR THEIR EFFORTS WITH THIS LEGISLATION.

1970: The Comprehensive Health Education Act of 1970 was proposed to the Florida Legislature to develop a systematic, coordinated approach to health related problems in Florida. Incorporated were the majority of the recommendations of the Task Force on Health Education.

THE COMMITTEE ENDORSED THE COMPREHENSIVE HEALTH EDUCATION ACT OF 1970. However, during the legislative process, the principal focus of the bill became drug abuse. It was passed by the legislature as the Drug Abuse Education Act of 1970.

Appendix 100-26.07
Drug Abuse

ALCOHOL, OTHER DRUGS
DRUG ABUSE

100-27.01 Alcohol Education in Schools

Problem: This activity, required by law, poses problems for educators.

Action: THE COMMITTEE RECOMMENDED THAT EMPHASIS BE PLACED ON THE ROLE OF PARENTS AND THE IMPORTANCE OF MAINTAINING AWARENESS OF THE ALCOHOL PROBLEM.

Effective Date: 1960

100-27.02 Alcohol and Narcotics Education Booklet

Problem: Need for a suitable guide for teachers regarding alcohol and narcotics education.

Action: THE COMMITTEE REVIEWED AND APPROVED A BOOKLET ON THESE SUBJECTS PREPARED IN A LARGE METROPOLITAN COUNTY.

Effective Date: 1965

Follow up: 1967

The Department of Education published the material in a special edition "A Handbook for Teachers - Alcohol...Narcotics Education".

100-27.03 Hallucinatory Agents (LSD, etc.)

Problem: 1. Teenager's use of LSD, morning glory seeds, other hallucinatory agents.

2. Need to restrict availability.

Action: THE COMMITTEE FAVORS PASSAGE OF A LAW IN FLORIDA LIMITING THE SALE, DISTRIBUTION AND USE OF LSD AND OTHER HALLUCINATORY AGENTS.

Effective Date: 1966

100-27.04 Teenage Alert Program

Problem: The State Superintendent of Public Instruction requested Committee opinion regarding this program, developed in a major metropolitan county and once approved, in principle, by the Florida Medical Association. Should it be implemented in other counties?

Action: The Committee adopted the following policy statement regarding Broward County Medical Association's program "Teenage Alert".

THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE TO THE FLORIDA STATE DEPARTMENT OF EDUCATION AND FLORIDA STATE BOARD OF HEALTH BELIEVES THAT THE BROWARD COUNTY MEDICAL ASSOCIATION AND OTHER GROUPS AND INDIVIDUALS ARE TO BE COMMENDED FOR TAKING POSITIVE ACTION IN AN EFFORT TO COPE WITH A NUMBER OF GROWING PROBLEMS.

IT IS RECOGNIZED THAT DRUG ADDICTION, THE USE OF ALCOHOL AND PROMISCUOUS CLANDESTINE SEXUAL ACTIVITIES AMONG YOUNG PEOPLE HAVE GREATLY INCREASED AND ARE URGENTLY IN NEED OF ATTENTION.

THE BROWARD TEENAGE ALERT PROJECT MAY BE USED AS AN EXCELLENT EXAMPLE OF HOW ACTION MAY BE TAKEN TO COMBAT THIS GROWING AND ALARMING PROBLEM AMONG TEENAGERS.

THE COMMITTEE RECOMMENDS THAT THE TEENAGE ALERT PROJECT BE CAREFULLY STUDIED AND THAT THE RESULTS OF ITS EXPERIENCE BE CALLED TO THE ATTENTION OF OTHER COMMUNITIES AND SCHOOL SYSTEMS THROUGHOUT THE STATE.

Effective Date: 1967

100-27.05 Attorney General's Office -
Educational Program to Combat Drug Abuse.

Problem: 1. Creation in 1968 of a Dangerous Drug Division of the Florida Attorney General's Office, including:

a. Appointment of a physician asociated with Teenage Alert as Special Attorney General in that connection.

b. Newspaper reports of an educational program to combat drug abuse, to be instituted.

2. Lack of response from the Attorney General's office to the School Health Medical Advisory Committee, despite communication of the Committee's concern.

Action: THE COMMITTEE TOOK A STRONG STAND ADVOCATING COORDINATION OF ALL HEALTH EDUCATION PROGRAMS FORMULATED FOR CHILDREN AND YOUTH IN FLORIDA AND OPPOSING FRAGMENTATION OF SCHOOL CURRICULUM THROUGH LEGISLATIVE ACTION SPONSORING CRASH PROGRAMS RATHER THAN INCORPORATION INTO A COMPREHENSIVE SCHOOL HEALTH PROGRAM.

IT WAS THE COMMITTEE'S POSITION THAT SUBJECTS SUCH AS DRUGS SHOULD BE TAUGHT BY TEACHERS, WITH MEDICAL DOCTORS AND OTHER HEALTH PERSONNEL AS RESOURCE PERSONS, AND THAT AGENCIES OTHER THAN THE DEPARTMENT OF EDUCATION COULD ADVANTAGEOUSLY PLACE THEIR EMPHASIS ON PARENTAL AND ADULT EDUCATION AND BETTER LAW ENFORCEMENT.

Committee statement was formulated.

Appendix 100-27.05

Effective Date: 1969

100-27.06 Governor's Conference on Drugs and Alcohol Abuse - Miami Beach

Purpose: To explore the nature and extent of Drug and Alcohol Abuse problems today and the means of control.

Action: Several members of the Committee, its staff, and representatives of the Department of Education and Division of Health attended. In reporting back to the Committee they expressed satisfaction that the meeting had probably expanded many individual's insights into the problem and could result in legislation to update appropriate portions fo the Florida statutes in this regard.

Date: January 12-13, 1970

100-27.07 Drug Education Training Program for Teachers

Problem: To train, adequately, a sufficient number of Florida teachers to provide all students with fundamental health information about drugs, and subsequently about general health topics.

Action: Developing the "Triple-T" approach.

Selected educators attended the University of Wisconsin for special training, Summer, 1970. Regional "teachers", subsequently trained by these selected educators, assumed responsibility for training other teachers at the county level. This appears to be a satisfactory technique for inservice training. Although emphasis in this training program is necessarily placed on drugs, the basic program concept is that drug abuse education is one important part of the total health education program.

Effective Date: 1970

1970 - Staff prepared to serve as regional training teams. Regional staff prepared to serve as county training teams.

1971 - County staff being trained by county teams.

100-27.08 Disposition of Funds under Federal Drug Legislation

Problem: Concern was expressed to the Committee that little activity is apparent to indicate that certain monies coming to the state under federal legislation, designated for educational purposes regarding drugs, have been used effectively for that purpose.

Action: This matter was eventually referred to the Florida Medical Association's Ad Hoc Committee on Drug Abuse, when the School Health Medical Advisory Committee's efforts to obtain clarification proved fruitless.

Effective Date: 1971

100-27.09 Ad Hoc Committee on Drug Abuse - Florida Medical Association

Problem: To become better acquainted with the activities of that Committee and avoid duplication of Committee activities.

Action:

1. The Committee was provided with a status report of the Ad Hoc Committee on Drug Abuse. The Department of Education indicated that group had been very helpful in giving support to their efforts.

2. THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE CONSIDERED A REQUEST FROM THE AD HOC COMMITTEE ON DRUG ABUSE TO DESIGNATE A MEMBER OF THE FLORIDA MEDICAL ASSOCIATION'S CHILD HEALTH COMMITTEE TO SERVE IN LIAISON AND CONSULTATIVE CAPACITY. BECAUSE BOTH COMMITTEES ARE VERY ACTIVE, AND HAVE THE SAME FLORIDA MEDICAL ASSOCIATION STAFF SUPPORT, IT WAS SUGGESTED THAT A DEPARTMENT OF EDUCATION STAFF MEMBER WHO IS ON THE AD HOC COMMITTEE ATTEND THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE AS LIAISON MEMBER. THE COMMITTEE FURTHER SUGGESTED THAT THE FLORIDA PEDIATRIC SOCIETY AND FLORIDA DENTAL ASSOCIATION BE ASKED TO NAME REPRESENTATIVES TO SERVE AS CONSULTANTS TO THE AD HOC COMMITTEE.

Effective Date: 1971

100-27.10 Guidelines for School Personnel in Dealing with Drug Problems

Problem: Need of school personnel for direction in situations of drug abuse, suspected or reported to educators.

Action: THE COMMITTEE REVIEWED AND APPROVED A SERIES OF GUIDELINES FOR SCHOOL PERSONNEL DEVELOPED BY A SUBCOMMITTEE OF THE FMA AD HOC COMMITTEE ON DRUG ABUSE AND APPROVED BY THAT ENTIRE COMMITTEE.

THE SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE RECOMMENDED THAT WHEN THE GUIDELINES ARE DISTRIBUTED, THEY SHOULD BE ACCOMPANIED BY A SUMMARY OF PERTINENT LAWS.

Effective Date: 1971

Appendix 100-27.10 Guidelines for School Personnel

Smoking and Health

100-28.01 Florida Medical Association Resolution on Smoking

Problem: 1. Statistical evidence of increased smoking by students in school systems each year.

2. Rapidly increasing evidence of harmful effects of smoking on health of children.

Action: FOLLOWING DISCUSSION OF THE ABOVE PROBLEM, THE COMMITTEE SUGGESTED THAT STATE DEPARTMENT OF EDUCATION AND STATE BOARD OF HEALTH DEVELOP A PLAN FOR IMPLEMENTATION OF THE RESOLUTION ON SMOKING, AND CIGARETTE SMOKING IN PARTICULAR, PASSED BY THE FLORIDA MEDICAL ASSOCIATION HOUSE OF DELEGATES, MAY, 1963.

Effective Date: 1963

Appendix 100-28.01 FMA Resolution

100-28.02 Florida Committee on Smoking and Health

Problem: Need to define the relative roles of the above noted committee and of the School Health Medical Advisory Committee, in regard to implementation of health education programs in public schools.

Action: Possible overlapping and duplication was avoided by close liaison and communication with the Florida Committee on Smoking and Health, with resulting coordination of effort.

Effective Date: 1965

100-28.03 Smoking Areas - Schools and Campuses

Problem: Should schools designate smoking periods and areas?

Action: THE COMMITTEE VOTED TO OPPOSE DESIGNATED SMOKING AREAS IN SCHOOLS AND ENDORSE ALL OTHER EFFORTS TO DISCOURAGE SMOKING.

Effective Date: 1970

100-28.04 Position Paper on Smoking in Schools (AAHPER)

Problem: This paper, relative to faculty and students, was presented to review.

Action: THE COMMITTEE DISCUSSED AT LENGTH THE RECOMMENDATION TO ABOLISH SEPARATE SMOKING AREAS FOR FACULTY AND STUDENTS. THE COMMITTEE BELIEVES THERE SHOULD BE NO SMOKING AREAS

FOR EITHER GROUP. THE COMMITTEE APPROVED THE AMERICAN ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION AND RECREATION POSITION PAPER ON SMOKING IN SCHOOLS AND ADVISED THE COMMISSIONER OF EDUCATION AND FLORIDA COMMITTEE ON SMOKING AND HEALTH OF THIS ACTION.

Effective Date: 1970

Appendix 100-28.04 AAHPER Position Paper

FLORIDA MEDICAL ASSOCIATION
COMMITTEE ON CHILD HEALTH

RESOLUTION

WHEREAS, The Florida Medical Association considers the development of an adequate school health program in Florida of extreme importance to the acquisition and maintenance of optimum health on the part of young people; and

WHEREAS, The Florida Medical Association has indicated its interest in this development by recommending the establishment of a School Health Medical Advisory Committee to the Florida State Department of Education and the Florida State Board of Health; and

WHEREAS, The State Department of Education and State Board of Health under the leadership of Superintendent Thomas D. Bailey and State Health Officer Dr. Wilson T. Sowder have been commended by the Florida Medical Association for their intensive efforts to improve the school health programs throughout the state by the implementation of the Health Coordinator Plan and other efforts to improve the school health program which are bringing about encouraging results as indicated by the increased interest and concern on the part of county school leadership; and

WHEREAS, It is recognized that a large and difficult task lies ahead to overcome practical problems, deal with controversial issues and bring about public support and understanding; therefore be it

RESOLVED, That the Florida Medical Association pledge its support and cooperation to the end that an outstanding school health program be developed in Florida; and be it further

RESOLVED, That this program should be conducted in keeping with the recommendations of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association and the reports of the National Conference on Physicians and Schools; and be it further

RESOLVED, That the Florida Medical Association and its members recognize their responsibility to advise and participate in efforts to bring into being; and be it further

RESOLVED, That local medical societies be requested to join with local public school and public health officials for the purpose of establishing Advisory Committees on School Health in counties where no such committees exist.

Adopted September 27, 1959
FMA House of Delegates

EMPLOYMENT OF SCHOOL HEALTH SERVICE PERSONNEL

Through Title I 89-10 ESEA many Florida counties have increased their school health services to protect, maintain, and improve the health of their school youth. However, one problem has arisen concerning the employment of school health service personnel. In order to assure that such services rendered are in accord with sound medical and public health practices the employment of specialized personnel such as school health nurses should be the result of joint planning on the part of both the county health department and the county school unit.

The school health service program in Florida is a joint program for the State Department of Education and State Board of Health on the state level (Florida Statutes 232.29). In the counties, it is jointly administered by the superintendent of schools and the local health officer (Florida Statutes 232.31 and 232.32). It is the basic policy relative to the working relationship between school health programs and public health programs that specialized personnel be supervised through the county health department based on a written agreement as to services rendered, etc.

The School Health Medical Advisory Committee is designated as the advisory unit to the State Board of Education and the State Board of Health in promoting general school health programs. This committee has provided invaluable guidance for establishing school health policies and responsibilities. There is an excellent cooperative, working relationship between the State Department of Education, the Medical and Dental Associations, and the State Board of Health, the various voluntary agencies, and other health related groups.

Within the framework recommended by the State, cooperative planning carried on within the county administrative group usually depends upon the action of the health officer or the school superintendent. Through clearly defined and frequently used channels of communication fuller utilization of all community resources can be employed in planning school health services. Just as the educational implications of health service should be developed under educational leadership with advice and counsel from public health so should medical, dental and nursing services be developed under public health supervision with advice and counsel from education. All health service activities in the school must be in accord with established school administration policy and with sound educational principles.

On the county level, a school health committee seems to offer the best means for gaining wide understanding and cooperative planning for the school health program. This concurrent planning by all does not leave the school as vulnerable to possible criticism based upon improper medical supervision in the administration of school health services. This shared planning results in shared responsibility. At the local school level the health coordinator plan is likely to become increasingly more important.

(over)

In making plans for improving school health services, the following recommendations should be followed:

1. Nurses under Title I be employed in the county health department under the supervision of the health officer. The salary and terms of employment are to be compatible with Florida Merit System and local health department regulations.

2. The conditions of the project should be fulfilled by close cooperation between the health department and public schools functioning in the target area through use of contract or written agreement.

3. Nurses presently employed by the schools should be transferred to the supervision of the health officer as soon as it is feasible and agreeable to the local personnel.

4. Health projects under consideration should be discussed with the health department to facilitate implementation of the contents or procedures.

5. Sanitarians and other health service personnel should be employed under similar arrangements as nurses.

Since this relationship requires continuing contact and joint formulation of programs, all county superintendents and county health officers are encouraged to combine their efforts in planning future school health services.

CUMULATIVE SCHOOL HEALTH RECORD

(This form is not intended for physician's use)

Appendix 100-11.04 (A)

	DATE INDEXED
School	

Name _____ Race _____ Sex _____

Address _____ Father's Name _____

_____ Mother's Name _____

School _____

Date of Birth _____ Place of Birth _____ Recorded: Yes _____ No _____

IMMUNIZATIONS, TESTS AND SCREENING

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
MEASLES (Rubeola)								
DIPHTHERIA-PERTUSSIS-TETANUS								
DIPHTHERIA-TETANUS								
TETANUS								
POLIO								
SMALLPOX								
MUMPS								
GERMAN MEASLES (Rubella)								
OTHER (specify)								

TESTS AND SCREENING	DATE	RESULT	DATE	RESULT	DATE	RESULT	DATE	RESULT
TUBERCULIN (type)								
WEIGHT WITH CLOTHES								
HEIGHT W/O SHOES								
VISION W/O GLASSES		R L		R L		R L		R L
VISION WITH GLASSES		R L		R L		R L		R L
COLOR VISION								
HEARING		R L		R L		R L		R L
BLOOD PRESSURE								
DENTAL (insert result)								
OTHER (specify)								

DISEASES, INJURIES (INCLUDING FRACTURES), OPERATIONS

Communicable diseases, other significant illnesses and health problems, past and present

DISEASE	DATE	DISEASE, OTHER PROBLEMS	DATE OF ONSET	DATE, IF TREATMENT STOPPED
MEASLES (Rubeola)		RHEUMATIC FEVER		
GERMAN MEASLES (Rubella)		SEIZURES (Epilepsy?)		
MUMPS		DIABETES		
CHICKENPOX		ALLERGY (type —)		
SCARLET FEVER		FRACTURE (bone —)		
OTHER ( )		OPERATION (type —)		
OTHER ( )		Other (specify —)		

IMPORTANT INFORMATION FROM MEDICAL AND DENTAL EXAMINATION REPORTS

NOTE: Clip or staple all medical and dental records to page 3

DATE	

2

NARRATIVE RECORD OF OBSERVATIONS and ANNUAL HEALTH SUMMARY

Notations by educators, nurses, other designated personnel, to be dated and signed. Include teacher observation, parent conferences, home visitation, services rendered, etc. Space reserved for reference to absenteeism. Educator's annual note need only state that student has remained well, if that is the case.

ABSENTEEISM

NARRATIVE RECORD

DATE	

CLIP OR STAPLE ALL
MEDICAL, DENTAL RECORDS
TO THIS SHEET.

NARRATIVE RECORD (continued)

DATE	

NARRATIVE RECORD (continued)

DATE

INSTRUCTIONS FOR CUMULATIVE SCHOOL HEALTH RECORD

MCH 304 REVISED 8/70 (RP) * Appendix 100-11.04 (B)

PURPOSE

For use in Florida Elementary, Junior and Senior High Schools.

To provide a continuous health record for the student, to which physical examination records should be attached and on which pertinent information regarding health matters (immunizations, illnesses, screening results) should be written.

MCH 304 should be retained in the schools at all times, as it is not intended for use by physicians to record their physical examinations. Rather, Student Medical Examination MCH 304-B has been revised and coordinated closely with MCH 304. It is recommended that MCH 304-B henceforth serve as the record form for all physical (medical) examinations of students, except for certain athletic activities for which a more detailed record is required.

EXPLANATIONS AND DEFINITIONS

Page 1

Date indexed: Refers to date MCH 304 first becomes part of the student's school records, usually during first few days of school.

School: Name of school where MCH 304 is first used for student named, usually first Florida school in which student is enrolled.

Identifying Data:

Name: Student's full name (no nicknames).

Race: W for White (in this area "C" for Caucasian is apt to be confused with "C" for Colored, because of long usage of the latter); N for Negro; O for Oriental; I for Indian; SS for Spanish Speaking - add (SS) in parentheses to W or I, as the case may be. Most Mexican American children will be classed W (SS). Racial designation important because of correlation with certain diseases.

Sex: M for male, F for female.

Address: Student's place of residence, house number (include apartment number if any), street, town, zip code. If rural, give mail route number or letter, box number and name or number of road nearest home. Add phone number at address given for student or, if none there, number for near neighbor. If neighbor, give name.

School: Here list schools in order attended, as student progresses from one to another.

Father's name: Refers to full name of legal male parent, as given by parent or legal guardian.

Mother's name: Refers to full name of legal female parent as given by parent or legal guardian. If student has legal guardian, write "Legal Guardian" and give full name.

Date of Birth: Month, day, year.

Place of Birth: City (or County if rural) and State where birth occurred.

Recorded: Refers to whether or not birth has been recorded officially in that state. If certificate is available check YES (✓) and write certificate number on line immediately above. If recorded but no certificate presented, check YES (✓) and write "no certificate" on line above. If neither, check NO (✓).

* NOTE:

These instructions apply, also, to MCH 304 Revised 8/70 - printed without (RP) in the code. Copies of a limited issue, so designated, were distributed to some counties beginning late in 1970 and may be used until that supply is exhausted.

(over)

Immunizations, Tests and Screening: (explained separately below).

Immunizations: Refers to history of past immunizations as well as those given during school career. In first DATE column on left, insert date of initial immunization series. (If student has never received an immunization listed, put "0" after that disease in first DATE column on left.) Dates of additional primary immunizations or boosters, whether received in private physician's office, clinic, mass campaign or in the occasional school still having "shot days", should be recorded in subsequent DATE columns.

Tests and Screening Examinations: Space is provided for authorized persons to record date of various screening procedures and result of tests given. Most of these will be made in the school.

Tuberculin: Type - Indicate whether Tine, PPD, OT. If different type is used in subsequent tests, include type along with date. Need not record dose as this is usually determined by Health Department and known to be appropriate for screening.

Weight: With clothes, shoes removed. Record weight to nearest pound. Usually done by classroom teacher (Elementary) or home room teacher (Junior and Senior High).

Height: Without shoes. Record to nearest 1/4 inch.

Vision W/O glasses: Record separately for right and left eye, without glasses, usually as 20/20, 20/50, etc. Done usually in school by trained volunteers or school health aides, supervised by trained Public Health Nurse (not necessarily present).

Vision with glasses: Repeated as above, with glasses if student has them. If no glasses, so state in space for result.

Color Vision: Usually with "dot" charts, both eyes simultaneously. If eyes tested separately, insert R and L and record for each eye. Usually tested by those doing rest of vision screening. Especially important for driver education but result may be significant in lower grades.

Hearing: Usually done with conventional audiometer (each student separately) by trained volunteers or school health aides, supervised by trained Public Health Nurse. In DATE column also record whether using ASA or ISO scale. Usual frequencies checked are 1-2-4-6 KC (HZ) or 500, 1000, 2000, 4000. Indicate P (Pass) or F (Fail) for each ear. Fail = failure to hear at one of the above frequencies and is indication of need for retest, usually in 2 weeks. Fail on retest (same criteria) is indication of need for referral.

Blood Pressure: Should be done with appropriate size cuff (covering 2/3 of upper arm). Record systolic/diastolic, the latter usually recorded as point of marked change in sound.

Dental: (Insert result) Dental examination form, now being developed, probably will indicate student's dental condition by rank such as 1-2-3 or 4. Space is provided for date; under result put rank.

Other: Space left for three more screening examinations, name of test to be inserted. Possibilities include class or group test for anemia, intestinal parasites; PKU in exceptional child classes. Indicate date and result.

Diseases, Injuries (including Fractures) Operations. Provides for record of conditions prior to enrollment of student in school and those occurring during school career. "Disease" and "Disease, Other Problems".

Disease: Provides space to indicate date of onset of specified communicable and other diseases.

Fracture: Indicate bone broken (upper or lower arm, upper or lower leg is adequate for extremeties).

Operation: Indicate type of surgery such as tonsillectomy, appendectomy, heart repair, hernia, cross eye, cleft palate.
Other: Identify other diseases, significant injuries, serious burns. (Examples cystic fibrosis, congenital heart defect, PKU, skull fracture, concussion.)

"Date" and "Date of Onset" Both refer to onset of recognized symptoms. Year is sufficient if during preschool period; month and year if during school career.
Date, if treatment stopped. Refers particularly to seizure problems or allergy. (If still under treatment, it is desirable for school personnel to know name and possible side effects of medication; enter information as suggested below.)

Important Information from Medical and Dental Examination Reports:
This space is intended for use by educators, to record additional pertinent information contained in Student Medical Examination MCH 304-B (and Dental Record when developed). Include such data as physician's report of mental or physical handicap or disturbance and its anticipated effect on curriculum participation.

Page 2

Narrative Record of Observations and Annual Health Summary
As stated, for use by educators, nurses, psychologists, social workers and other authorized personnel.
Purpose is to provide a continuous record of the student's health history. It is hoped that at least once a year the educator chiefly responsible for the student in classroom or homeroom will make some entry summarizing the student's health problems in the interval since previous note. Need not be more than a statement that the student, so far as the teacher knows, has had no illness and has appeared to be well. Such a negative notation may be of real significance if the next teacher suspects some problem and wishes to know if it has been noted previously.
Home influences may be described here, regarding parents, siblings or physical environment, as these may explain some future change in the student.

Absenteeism: No need to record all absences here. The teacher who notes frequent absenteeism, or a pattern such as Monday or Friday absences, should record those observations here, with explanation if known. Thus a need for special inquiry or examination may become apparent.

Page 3

NOTE: Clip or staple all medical and dental records to this sheet.
Refers to MCH 304-B and proposed dental form or other forms used locally. The intent is to see that all become incorporated into this folded Cumulative School Health Record rather than scattered throughout school. Items such as records of eye, ear and other referrals should be included.

Space for further narrative continues.

Page 4

Space for further narrative.

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

M E M O R A N D U M

TO: Directors, County Health Departments

FROM: A. F. Caraway, M.D., Chief
Bureau of Maternal and Child Health
by: Emily H. Gates, M.D.,
Pediatric Consultant

RE: Revised School Health Forms
Cumulative School Health Record MCH 304 Revised 8/70 (RP)
Student Medical Examination MCH 304-B Revised 12/70

Your attention is called to the School Health Records noted above. Copies of the latest revised forms are enclosed, with instructions for their use.

As in the past, these records have been developed jointly by the Division of Health and the Department of Education, with the assistance and approval of the School Health Medical Advisory Committee, the Child Health Committee of the Florida Medical Association, and the Records Committee of the Florida Association of County Health Officers. They reflect the need for more adequate information about past and present health of school children, as well as their immunization status. Listed are all the diseases mentioned in the 1971 law requiring preschool immunization.

You will note that Student Medical Examination MCH 304-B now appears on buff colored paper. The folded Cumulative School Health Record MCH 304 is still printed on white stock. Color coding was recommended by each of the above groups because of recurrent confusion about the appropriate use and distribution of these records.

Henceforth, physicians will use the buff colored Student Medical Examination MCH 304-B exclusively. This is the only form to be released from the schools for the purpose of recording the medical examination required for school admission, driver education and other special activities.

The folded Cumulative School Health Record MCH 304 will remain in the school at all times, to become a continuous and permanent health record for each student. Authorized school personnel will be responsible for transferring immunization and other significant health data from each Student Medical Examination form to the Cumulative School Health Record. They also will record results of screening examinations on the Cumulative School Health Record. Educators, nurses, psychologists, social workers and other authorized personnel are to use the narrative portion for their comments, unless unusually lengthy, about health related problems.

(over)

At this same time we are mailing to each County Health Department an initial 100 copies of both records, to help meet immediate needs. Please order from our Shipping Department sufficient additional copies to meet the requirements of your county for this fall, reordering as needed.

It is our understanding that a copy of this memorandum will be included by the Department of Education in a notice now being sent to District School Superintendents.

August 11, 1971

Appendix 100-11.06 (A)

STUDENT MEDICAL EXAMINATION

Student's Full Name _____ Phone _____ Age _____ Race _____ Sex _____ Date _____

Address _____ Birth date _____

_____ and place _____

Father's Name _____ Mother's Name _____

County _____ School _____ Grade _____ Teacher _____

HISTORY OF IMMUNIZATIONS, DISEASES, OPERATIONS, INJURIES

A. (Instructions to Parents, Physicians and Educators on other side)

IMMUNIZATION OR DISEASE	DATE OF ILLNESS	DATE OF IMMUNIZATION	LAST BOOSTER
DIPHTHERIA			
PERTUSSIS (Whooping Cough)			
TETANUS			
POLIO - ORAL			
POLIO - SALK			
MEASLES (Rubeola)			
SMALLPOX			
MUMPS			
GERMAN MEASLES (Rubella)			
OTHER ( )			

	DATE	COMMENTS
CHICKENPOX		
SCARLET FEVER		
RHEUMATIC FEVER		
DIABETES		
ANEMIA (sickle cell)		
PARASITES (worms - type?)		
ALLERGY (type?)		
SEIZURES		
INJURY, FRACTURE		
OPERATION		
OTHER (specify)		

TUBERCULIN TEST (type) DATE NEGATIVE ☐, POSITIVE ☐, X-RAY?

B. PHYSICAL EXAMINATION

HEIGHT WEIGHT BLOOD PRESSURE

CHECK (✓) ONLY	IF ABNORMAL OR NEEDS FOLLOW-UP		PHYSICIAN'S COMMENTS, FINDINGS, TESTS (Space on other side)
NUTRITION			
ORTHOPEDIC (Include arches)			
SKIN, SCALP			
EYES	R L		
VISUAL ACUITY	R L		HAS GLASSES? CONTACT LENSES?
COLOR VISION			
EARS	R L		
AUDITORY ACUITY	R L		HAS HEARING AID?
SPEECH			
NOSE, THROAT			
MOUTH, TEETH			
GLANDS, THYROID			
HEART, LUNGS			
ABDOMEN			
GENITALIA			

C. **LABORATORY** (if needed) HEMOGLOBIN GM., HEMATOCRIT %, URINE , FECES

D. PHYSICIAN CHECK (✓) BOX:	NO	YES	PHYSICIAN'S COMMENTS (Space on other side)
EMOTIONAL/MENTAL/BEHAVIOR PROBLEM*			
HEALTH HABITS PROBLEM**			
PHYSICAL HANDICAP — LIMITS ACTIVITY			
RESTRICTION NEEDED			
ENCOURAGE PARTICIPATION			
OTHER HANDICAP/DISABILITY			
SEIZURES			
ON MEDICATION ( )			
FOLLOW-UP RECOMMENDED			
FOLLOW-UP COMPLETED			

In my opinion this student is free of any sign of communicable disease and may be admitted to school. Yes ☐ No ☐

Child's Usual Physician _____ Examining Physician _____

Phone _____ Phone _____ Florida License No. _____

In my opinion this student is ☐, is not ☐ physically qualified to participate in athletics ☐, driver education ☐, other (specify) _____ as of _____ (date)

Florida License No. _____ Phone _____ Examining Physician _____

Examination Form MCH 304-B Revised 12/70 is the result of combined efforts of the School Health Medical Advisory Committee to the Department of Education and the Division of Health of the Department of Health and Rehabilitative Services, and the Child Health Committee of the Florida Medical Association.

Medical examination of students is requested in an effort to detect any health problem which could interfere with the ability to learn or to take part in all school activities including regular physical education, sports and driver education. This record becomes an important part of the Cumulative School Health Record, helping educators to plan an appropriate program for each child.

TO PARENTS (Part A — fill out as completely as possible)

Immunization: If you have, or can get, accurate records of the dates of your child's immunizing "shots," please fill out "**immunization**" and "**booster**" columns.

Date of illness: If your child has **had the disease** (example—Measles) write "D" and the **year** after the disease.
If your child has **not had the disease or the vaccine** put "O" after the disease in **all 3 columns.**

If possible, take your child to the doctor yourself. There are questions about your child's health which you can answer best. If the doctor finds some problem, you can be told about it right away. If you cannot be present, try to send your child with someone who knows about any health problems, past or present.

*Emotional/Mental/Behavior Problems, such as:

AGGRESIVE	HYPERACTIVITY	FREQUENT STOMACH UPSETS	
WITHDRAWN	SHORT ATTENTION SPAN	FREQUENT HEADACHES	
THUMB SUCKING	NERVOUSNESS	INCOORDINATION	
BED WETTING	TWITCHING, "TICS"	ACTS YOUNG FOR AGE	
NAIL BITING	TANTRUMS	COMPULSIONS (e.g. excessive handwashing)	

**Undesirable Health Habits, such as:

IRREGULAR MEALS	POOR TOOTH BRUSHING
FUSSY EATING	UNTIDY APPEARANCE
OBESITY	POOR POSTURE
POOR SLEEPING	

TO PHYSICIANS (Parts A, B, C, D)

Effort has been made to keep this form brief yet comprehensive enough to provide the information needed for adequate attention to health needs in planning a child's curriculum. If this form does not give you enough space to write the information or recommendations you wish to include, regarding a child's special problem, please attach an additional sheet or mail the information in a letter to the school principal.

Your special attention to the **immunization record** will be very helpful. Physicians' records are often the only accurate ones available. Without such information on each child, it is impossible to determine the protection level in each school.

For examinations for Athletics, Driver Education, other special activities, physician may omit immunization record, **except "tetanus" data.**

TO EDUCATORS

This form will now be used for all student physical (medical) examinations. When completed it is to be **attached to page 3** of the **Cumulative School Health Record (MCH 304),** which remains in the school. **It will be the responsibility of school personnel to transfer appropriate information from this form to MCH 304** regarding immunizations, illnesses (past or present), injuries, operations, and physicians' recommendations.

PHYSICIAN'S COMMENTS

Record approved by Department of Education and Division of Health • Department of Health and Rehabilitative Services

Florida Student Medical Examination
MCH 304-B Revised 12/70

INSTRUCTIONS FOR STUDENT MEDICAL EXAMINATION RECORD

MCH 304-B REVISED 12/70 Appendix 100-11.06 (B)

(NOTE: Now printed on buff colored paper.)

PURPOSE

To provide a physical examination form appropriate for use by physicians for the usual preschool and subsequent examinations, also for driver education and those school athletic activities or special activities for which a more detailed record is not required. It is a companion to Cumulative School Health Record MCH 304. The latter is intended to remain in the school.

Student Medical Examination MCH 304-B, when completed by physician, is to be placed in the Cumulative School Health Record by authorized school personnel and retained there.

EXPLANATIONS AND DEFINITIONS

County: Location of school student attends or will enter.
School: Name of school student attends or will enter.
Grade: Grade student attends or will enter.
Teacher: Name of teacher to whom student will be assigned.
Date: Month, day, year examination made.
Identifying Data:
Name: Student's full name (no nicknames). If student is called by middle instead of first given name, underscore middle name.
Phone: Phone number at address given for student, or number for a near neighbor if no home phone. If neighbor, write name above phone number.
Age: Age in years on day of examination.
Race: May abbreviate, using W for White (in this area, C for Caucasian may be misinterpreted to mean "Colored"); N for Negro; O for Oriental; I for Indian; SS for Spanish Speaking. Add (SS) after W or I, as the case may be, for Spanish Speaking student. Most Mexican Americans are listed as W (SS) although they may be part Indian. Racial designation is important because of correlation with certain diseases.
Sex: Male, female.
Address: Student's place of residence - house number, apartment number if any, street, town. If rural, give mail route number or letter, box number, and name or highway number of road nearest home.
Birth date and place: Month, day, year of birth; City (or County if rural) and State where birth occurred.
Father's Name: Full name of legal male parent, as given by parent or legal guardian.
Mother's Name: Full name of legal female parent, as given by parent or legal guardian.
If student has legal guardian, write "Legal Guardian" and give full name.

A. HISTORY OF IMMUNIZATIONS, DISEASES, OPERATIONS, INJURIES

Instructions are printed on the back of MCH 304-B. Portions are directed to parents, physicians and educators, to explain to each the use of the form and to help parents provide needed historical data.

(Over)

Immunization or Disease:

Left hand column

Date of Illness: If student has had any disease listed, write "D" and year of illness in "Illness" column after that disease.
Date of Immunization: If student has been immunized against any disease listed, write year initial series received in "Immunization" column after appropriate disease.
Last Booster: If student has had booster, insert last booster date in this column after appropriate disease.
If student has not had a listed disease nor been immunized, write "O" in all three columns after such disease.
Other: If student has received any immunizations not listed above, name disease here and give date in "Immunization" column (typhoid, typhus, cholera, etc.)
Tuberculin Test (type): Indicate whether Tine, PPD, or Old Tuberculin, test strength and date given. Check whether test read as negative or positive.
Xray: Insert date if Xray taken; result if known.

Right hand column

For conditions listed, provide date of onset or initial diagnosis, or of accident or operation if applicable. Year is sufficient except add month and approximate day of onset if within 12 months before school entrance.
Other (specify): Insert significant problem such as serious burn (indicate site), known mental retardation, cerebral palsy, cleft palate or other congenital anomaly, sickle cell anemia, PKU, cystic fibrosis.
Comments: Include type (if known) and frequency of seizures; type of allergy (asthma, hay fever, eczema) and cause, such as food, pollen; nature of operation (appendectomy, cleft palate); site of injury or fracture; residual effect such as weakness, paralysis, impaired speech or vision.

B. PHYSICAL EXAMINATION:

Height: to nearest 1/4 inch (usually without shoes; state if otherwise)
Weight: to nearest pound (usually in clothes, without shoes; state if otherwise)
Blood Pressure: Use appropriate size cuff, covering 2/3 of upper arm. Record systolic/diastolic, the latter usually taken as point of marked change in sound; if point of disappearance, so state. Test with patient lying on back if possible; if sitting, so state.
Physical findings (left column): Check (✓) in appropriate column (abnormal, needs follow-up, or both) unless findings are normal, when no mark is needed, except:

Eyes: Record separately for each eye if any physical defect exists.
Visual Acuity: Record separately for each eye, 20/20, etc. Indicate by YES or NO whether student has glasses or contact lenses.
Color Vision: Required for Driver Education, therefore note normal or abnormal; usually done with "dot" charts, using both eyes simultaneously.
Ears: Refers to anatomical defect, discharge, other physical finding.
Auditory Acuity: If audiometric testing done, or hearing defect known, record for each ear. Indicate if has hearing aid; comment on acceptance etc., if known.

MCH 304-B Revised 12/70 (Instructions continued)

Physician's Comments, Findings, Tests (right hand column): In appropriate space below, record any special comments or tests and results (example: EKG opposite Heart, Lungs). Use other side of record if additional space needed for comments.

C. LABORATORY (if needed):
Hemoglobin: Record in grams per 100 ml.
Hematocrit: Record in percent.
Urine: Record as negative if glucose, albumin, and microscopic normal. (If abnormal condition reflected by another test, state).
Feces: If positive for parasites, state type. If tested and negative for parasites, write Par. Neg.

D. PHYSICIAN CHECK (✓) BOX: No / Yes

Emotional/Mental/Behavior Problem+	List on other side may assist parents' recall. Mark No or Yes. If Yes, explain.
Health Habits Problem ++	List on other side may assist parents' recall. Mark No or Yes. If Yes, explain.
Physical Handicap - Limits activity	If student has physical handicap, indicate by No or Yes whether this causes any limitation of activity. If Yes, explain.
Physical Handicap - Restriction needed	If student has physical handicap, indicate whether or not appropriate management requires that physical activity be limited. Explain extent of restriction, if needed.
Physical Handicap - Encourage Participation	Indicate whether or not student would benefit from activity despite handicap. Explain extent of activity desirable.
Other Handicap/Disability	Mark No or Yes. If yes, explain. Include mental retardation here.
Seizures	Mark No or Yes. If Yes, explain type, degree of control. Attach additional information if needed.
On Medication	Mark No or Yes. If Yes, it is helpful to insert name of medication ( ). State if medication may cause symptoms or reaction (example: insulin) and explain possible symptoms.
Follow-up Recommended	Mark No or Yes. If Yes, explain.
Follow-up Completed	Mark No or Yes. If No, explain.

PHYSICIAN'S RECOMMENDATIONS and SIGNATURE: Examining Physician to sign. If examining physician is student's usual doctor, indicate "same". If not same, examining physician or parent provide name and phone number of usual physician, to inform school authorities and avoid calls to examining physician regarding acute problems.
Florida License No. Physicians record number of Florida Medical License (or may record name of County Health Department if examination made there).

Physician completing this form after examining student for participation in special activities not requiring a more detailed record, check appropriate boxes in lower section and sign as noted above.

Date_____

MEMORANDUM TO PARENTS:

A screening examination of your child _____

on _____ reveals the following conditions:

_____

_____

_____

Conditions such as these may affect the child's general health; therefore, we urge you to immediately consult your family physician, dentist, or other specialist as the case may require.

_____

County Health Officer

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Post Office Box 210 Jacksonville, Florida 32201

REPORT OF EXAMINATION A-28
Rev. 4/1/67

USE OF OXYGEN IN SCHOOLS AND AT ATHLETIC EVENTS

It is mandatory that the administration of oxygen be made by medically trained personnel or especially trained technical personnel who have been instructed in the use and dangers of oxygen. Attached are comments which were prepared by the National Federation of State High School Athletic Associations and the Committee on the Medical Aspects of Sports of the American Medical Association and are supported by the staffs of the above agencies.

* * * *

Comment by the National Federation of State High School Athletic Associations and the Committee on the Medical Aspects of Sports of the American Medical Association

* * * *

There is no evidence showing physiologic benefits from oxygen inhalation before or after athletic competition. The body is incapable of storing excess oxygen. On the other hand, the potential harm from competent administration of oxygen in the athletic setting is remote. The hazard is more in the realm of handling the combustion - supporting gas than in consuming it. Effective or ineffective, safe or unsafe, the bases for discrediting this practice lie in the principles underlying the health and safety supervision of amateur sports. To amplify:

1. Medically, the purpose of oxygen inhalation therapy is to help alleviate acute or chronic distress from deficient pulmonary ventilation as in instances of cardiac or respiratory illness. Also, experimentation using oxygen therapy under medically controlled conditions may be of scientific interest. However, the administration of oxygen to healthy athletes before competition in the hope of gaining an advantage cannot be justified. In fact, it might be compared to "doping" of athletes if it succeeded in improving performance.

2. Educationally, healthy athletes who are given oxygen in the hope of speeding up physiologic recovery during participation in sports may be duped into relying on something other than the development of their natural cardiovascular-pulmonary reserve. Moreover, the observing and emulating public may be duped as well.

3. Professionally, the insecure or impatient coach may turn to such a practice at the expense of some aspect of sound athletic preparedness (conditioning, skills, strategy, and proper guidance of athletic desire) and thus may adversely affect the athlete's chances for safe, healthful, and effective experiences in competition.

4. Financially, the ordinarily strained school or college budget is further burdened with an unessential expense.

In the one situation where oxygen inhalation might be useful--after strenuous exertion at high altitudes by athletes unaccustomed to the heights--the need for oxygen therapy may be limited if a precompetition training period can be planned at those heights. While this situation would be a rare occurrence for interscholastic programs, the rationale that oxygen therapy is a medical matter for the alleviation of acute distress would still apply.

1966

RECOMMENDATIONS TO THE SCHOOL BOARD RELATIVE TO MEDICAL RESPONSIBILITY FOR CONTACT SPORTS

The following recommendations resulted from a meeting on Monday, April 14, 1969, requested by Mr. W. L. Kilpatrick and organized by Mr. Tom Love with invitations to all secondary school head coaches and George O. Thomasson, M. D. representing the Alachua County Medical Society Committee on School Health.

1. The position of team physician should be developed at each county high school in accordance with guidelines established by the American Medical Association Committee on the Medical Aspects of Sports policy statement of September, 1967. The term of appointment should be for one academic year. Individual physicians will be appointed from a roster maintained by the Alachua County Medical Society. (Compensation for the team physician should be an annual retainer of $100.00 provided by the School Board.)

   Appropriate office space and an adequately equipped medical station for evaluation and care of athletes whose disability may not require immediate hospitalization should be provided at each school and stadium.

2. The team physician should attend all home games and be available during practice sessions. Accompanying the team on out of town trips is recommended when feasible.

3. Participation in contact sports will be permitted only after an approved pre-competition health history and medical examination has been filed with the individual student's school. (The examination must be obtained no earlier than August of the competitive year.) A suitable health history and medical examination form will be designed by the Alachua County Medical Society Committee on School Health.

   It is recommended that the medical examination be conducted in prearranged groups using the polyphasic screening technique. This will be coordinated by the individual school and the Alachua County Medical Society Committee on School Health. Expenses incurred in providing such physicals should be reimbursed by the School Board on a prearranged schedule.

   A copy of each completed medical examination should be filed at the student's school with final storage in a central location provided by the School Board.

4. Return to practice after a disabling injury is at the discretion of the team physician. This decision will be predicated on the presentation of a completed injury report form by the student's attending physician. A suitable injury report form will be designed by the Alachua County Medical Society Committee on School Health.

   A copy of each completed form should be filed at the individual's school. Final storage should be in an area provided by the County School Board.

(over)

5. The wet-bulb-globe-thermometer technique of assessing environmental heat stress should be adopted for use at all practices and games. Concomitant with this should be provision of adequately shaded rest areas at all practice fields and a readily available source of ice.

6. Each secondary school coach should attend one Sports Medicine Conference every three years. Registration and per diem expenses to be reimbursed by the School Board. A list of meetings approved for this purpose will be maintained by the Alachua County Medical Society Committee on School Health.

7. (Presently used spike-type heel cleats should be rules unacceptable for safe conduct of football programs sanctioned by the Alachua County School Board and eliminated from all Alachua County football teams. It is recommended that such cleats be replaced by plastic disc heels as described by M. Laurens Rowe, M. D. of the University of Rochester School of Medicine.)

8. Each school should develop the position of non-medical coordinator responsible for coordination with the physician. This would apply to such matters as consolidating the athletic and health considerations involved in advance planning, on site supervision, road trips, direct communication with the athlete and administrative liaison with school personnel. Preferably this person should be a qualified athletic trainer; however, when it is not feasible an assistant coach or faculty safety coordinator would be a suitable alternative to this position should be approved by the Alachua County Medical Society Committee on School Health.

9. A committee to review medical matters pertaining to school athletic programs should be established, consisting of two coaches appointed by the Superintendent of Schools, two physicians from the Alachua County Medical Society School Health Committee and chaired by an individual from the County school administrative staff appointed by the School Board.

   Priority should be given to establishing guidelines in the following areas to become effective in September, 1970:

   a. Effective insurance coverage for students participating in athletic programs sanctioned by the School Board.

   b. Developing a teaching program to train student trainers.

PROFESSIONAL STANDARDS FOR ATHLETIC TRAINERS

AMA-FMA Resolution

WHEREAS, The American Medical Association and the Florida Medical Association have long recognized the importance of proper health supervision in providing athletic training for participants and the relationship of such supervision to the promotion of the art and science of medicine and the betterment of public health is clearly evident; and

WHEREAS, in 1967, the AMA House of Delegates recognized the fine rapport developed between the Committee on the Medical Aspects of Organized Athletics and the National Athletic Trainers Association (NATA), they lauded the development of professional standards by the NATA and they further recommended that all athletic teams have the benefit of a professionally prepared athletic trainer as a part of the medical supervisory team. The AMA House of Delegates specifically approved the following recommendations that:

1. The AMA recognized the importance of the role of the professionally prepared athletic trainer as a part of the team responsible for the health care of the athlete;

2. The NATA be commended for its efforts to upgrade professional standards, since improved preparation and countinuing education enable athletic trainers to work effectively with physicians in the health supervision of sports; and

3. State and local medical societies and physicians individually be encouraged to help advance the professional goals of the NATA in their communities through appropriate liaison activities; and

WHEREAS, in 1969, the House of Delegates of the AMA urged the creation of athletic medical units in all schools having sports programs and that such units have athletic trainers or athletic health coordinators; and

WHEREAS, The NATA has just formulated an outstanding set of procedures for certification based on educational preparation, years of experience, continuing education, apprenticeship training and certifying examinations; all evaluated by a Board of Certification composed of physicians and qualified athletic trainers; and

WHEREA, The AMA Committee on Medical Aspects of Organized Athletics has unanimously approved this resolution; therefore be it

RESOLVED, That the Florida Medical Association go on record as officially recognizing NATA's certification procedures and certification board, and be it further

RESOLVED, That where and when possible recommend to local boards of education the appointment of certified athletic trainers (NATA) to work with physicians in the important area of health and supervision of athletes.

1971

CLASSIFYING STUDENTS FOR PHYSICAL EDUCATION

AMERICAN MEDICAL ASSOCIATION
COMMITTEE ON EXERCISE AND PHYSICAL FITNESS

Physical education is so important that great care should be used in excusing youngsters from a school's program in this area.

Schools should establish comprehensive programs that provide physical education for students with varying degrees of physical fitness. It's then the task of physicians, educators, and parents to cooperate in a program that classifies students according to physical ability.

These are some of the recommendations in a statement by the American Medical Association's Committee on Exercise and Physical Fitness that appeared recently in the Journal of the AMA.

"A good physical education program offers opportunity for the student to participate in a wide variety of activities with differing degrees of intensity. This enables the physician to guide a student with a health handicap into a program of physical education adapted to his individual needs," the statement said.

A broadly based program also enables the physician to encourage healthy students to participate fully in a program of interest and value to them.

"Each youth--healthy or handicapped--can be helped to discover activities in which he can take part with benefit to his health," the statement said.

Generally, students are placed in one of four categories for physical activity. These include:

1. Unrestricted activity--full participation in physical education and athletic activities.

2. Moderate restriction--participation in designated physical education and athletic activities.

3. Severe restriction--participation in only a limited number of events at a low level of activity.

4. Reconstructive or rehabilitative--participation in a prescribed program of corrective exercises or adapted sports.

Classifying students for physical education has frequently been discussed at the National Conference on Physicians and Schools, held biennially under auspices of the AMA. Physicians, educators, and public health personnel attending these meetings have generally concluded:

Better communication is needed among all parties in such a classification program.

The physician should provide all pertinent information on why an excuse from exercise has been issued. This can be done without divulging privileged information by providing an interpretation of the physical condition rather than medical findings.

(over)

Inadequate physical education programs must be strengthened. Many communities need to increase the variety of their activities.

Every student should have the kind of exposure to physical education which promotes understanding of the significance of physical activity in maintaining health and in motivating the individual to regular lifelong physical activity.

WALLET CARD

CERTIFICATE OF IMMUNIZATION
FLORIDA STATUTES 232.032

STATE OF FLORIDA
DEPARTMENT OF HEALTH
AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
P. O. Box 210, Jacksonville, Fla. 32201

PD-137

Outside

CERTIFICATE OF IMMUNIZATION
FLORIDA STATUTES 232.032

_____
Child's Name

_____
Child's Birth Date

_____
Parent or Guardian

I certify that the above named child is completely immunized against diphtheria, tetanus, pertussis, polio, measles, and rubella and is in compliance with Florida Statutes 232.032 Guidelines as listed on the opposite page.

_____
Authorized Signature

_____
Date

A child may be certified as fully immunized if he has received the following:

Diphtheria, Pertussis, Tetanus Vaccine — 4 doses (Triple Vaccine, "DPT")
a) Since pertussis represents a severe hazard to young infants, immunization should be begun at 2 months of age. Reaction rates to the vaccine increase with age; therefore, the pertussis vaccine is omitted from the required immunizations for children over six years of age.

Polio Vaccine —
a) At least 3 doses of Trivalent Oral Polio Vaccine provided one dose was given at 15 months of age or later; or
b) At least 3 doses of Monovalent Oral Polio Vaccine and one dose of Trivalent if the latter was given 15 months of age or later; or
c) At least 3 doses of Injected Polio Vaccine (Salk) and one dose of Trivalent Oral Vaccine if the latter was given at 15 months of age or later.
d) Elective after 18th birthday.

Rubella Vaccine — 1 dose
a) Elective after 10th birthday.

Rubeola (Measles) Vaccine — 1 dose
a) Elective after 10th birthday.

Inside

INSTRUCTIONS

1. This form is to be completed in triplicate by each public and private elementary school.

2. The original and one copy are to be completed and sent to the County Health Department no later than October 1. The third copy should be retained at the school.

3. To complete form:

   A. Fill in identifying information (items 1,2,3).

   B. Enter the total number of children enrolled on the date specified in kindergartens and first grades who have Certificates of Immunization (PD 137) (item 4).

   C. List the names and check the appropriate category (item 5) of children who:

      a. are medically exempt; children who have been enrolled after presenting Medical Exemption (PD 139) signed by a licensed physician;

      b. are exempt due to religious objection; children who have been enrolled after presenting a Request for Religious Exemption (PD 138) signed by the parent or guardian;

4. Any questions regarding this form or the requirements of the law should be addressed to the County Health Department.

PD 140

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Post Office Box 210 Jacksonville, Florida 32201

IMMUNIZATION SUMMARY FORM-KINDERGARTEN AND FIRST GRADES
COMPULSORY IMMUNIZATION -- FLORIDA STATUTES 232.032
(INSTRUCTIONS ON BACK)

1. _____ 2. _____ 3. _____ 4. _____
Date School Principal Number of Students Enrolled with Certificates of Immunization (PD 137)

5. List Students with Religious or Medical Exemptions -- Check appropriate category:

NAME	a. Medical Exemption PD 139	b. Religious Exemption PD 138	Parent's Name	Address	Telephone Number

Appendix 100-17.02(B)

Appendix 100-17.02 (C)

OPTIONAL

IMMUNIZATION HISTORY REQUEST
FOR OBTAINING OUT OF TOWN RECORDS

Dear Doctor: Re: _____
Name of Child

Florida Law requires that children entering school shall provide certification that they are immunized prior to being enrolled. Since this child was a patient of yours, I would appreciate it if you would complete the immunization history form and return it to me.

_____
Signature of Parent or Guardian

_____

_____ ,Florida

_____ Zip
(Current Address)

_____ Child's Name _____ Birth Date

Type Vaccine	Date	Date	Date	Date	Date
DPT					
DT					
Polio					
Rubeola (Measles)					
Rubella					

The above named child received the listed vaccine doses on the date(s) specified.

_____ _____
Doctor's Signature Date

This is not a Certificate of Immunization

STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DIVISION OF HEALTH
Post Office Box 210
Jacksonville, Florida 32201

Appendix 100-17.02 (D)

REQUEST FOR EXEMPTION FROM IMMUNIZATION
FLORIDA STATUTES 232.032

I am the parent (or guardian) of the child named below. We are members of the _____ and actively
Church or Religious Sect
practice this religion. Since immunization is in conflict with these religious tenets and practices I request that

_____
Name of Child
be enrolled in school without immunization.

_____ _____
Signature of Parent (or Guardian) Date

To be filed with Cumulative School Health Record, MCH 304.

PD-138

STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DIVISION OF HEALTH
Post Office Box 210
Jacksonville, Florida 32201

Appendix 100-17.02 (E)

CERTIFICATE OF EXEMPTION
FLORIDA STATUTES 232.032

_____ _____ _____
Name of Child Date of Birth Parent or Guardian

The above named child has received the following immunizations (if any):

Type Vaccine	Date	Date	Date	Date	Date
DPT					
DT					
Polio					
Rubeola (Measles)					
Rubella					

The administration of additional vaccine(s) at this time is medically contraindicated.

_____ _____
Doctor's Signature Date

PD-139 To be filed with Cumulative School Health Record, MCH 304.

THE LAW OF CONSENT BY MINORS
CHAPTER 71-349
HOUSE BILL NO. 1458
and
CHAPTER 70-58
HOUSE BILL NO. 910
AMENDING CHAPTER 384, FLORIDA STATUTES

An act relating to public health, treatment of communicable diseases upon the consent of the minor; amending chapter 384, Florida Statutes by adding section 384.061; providing that parental consent need not be obtained; providing an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

Section 1. Chapter 384, Florida Statutes, is amended by adding Section 384.061 to read:

384.061 Minors, consent to treatment.--

(1) (a) The consent to the provisions of medical or surgical care or services by a hospital, public clinic, or the performance of medical or surgical care or services by a physician licensed to practice medicine, under Chapters 458 and 459, Florida Statutes, when executed by a minor who is or professes to be afflicted with or exposed to an infectious, contagious or communicable disease, as defined in Section 384.10, Florida Statutes, shall be valid and binding as if the minor had achieved his majority. Any such consent shall not be subject to later disaffirmance by reason of minority.

(b) The consent of no person or persons, including but not limited to a spouse, parent, custodian or guardian, shall be necessary in order to authorize such hospital or clinical care or services to be provided by a physician licensed to practice medicine, under Chapters 458 and 459, Florida Statutes, to such a minor and such person or persons, spouse, parent, custodian, or guardian shall not be liable for any care rendered pursuant to this section; provided, however, that said physician shall make a sincere attempt to persuade said minor to be permitted to divulge the nature of the condition to the parent or parents of said minor.

(2) Upon the advice and direction of a treating physician or, if more than one, any one of them, a member of the medical or osteopathic staff of a hospital or public clinic or a physician licensed to practice medicine, under Chapters 458 and 459, Florida Statutes, may inform the spouse, parent, custodian or guardian of any such minor as to the treatment given or needed. Such information may be given to or withheld from the spouse, parent, custodian or guardian without the consent of the minor patient to the providing of such information.

FLORIDA MEDICAL ASSOCIATION
RESOLUTION
(1970)

COOPERATIVE EFFORTS OF MEDICAL SOCIETIES AND SCHOOL BOARDS
ON PROBLEMS OF EDUCATION OF THE PREGNANT CHILD

WHEREAS, The medical community of Jacksonville and the state of Florida are called upon to care for and counsel the pregnant children of this state, and

WHEREAS, In Florida 14% of babies are born to mothers of school age, and

WHEREAS, This number in 1969 represented 14,382 children, and

WHEREAS, Most school policies in Florida now dismiss the pregnant child from school and in some cases will not allow her to return, and

WHEREAS, Other schools enroll the child in adult educational programs unable to cope with the child's needs causing most pregnant children to withdraw from any formal education, and

WHEREAS, The problem is compounded by throwing undereducated, unemployable children into the labor market or onto the resources of community and family care and

WHEREAS, Many of these children are indigent at the time of their pregnancy and face a life of spiraling defeat and habitual poverty since there are practically no employment opportunities for the pregnant child, be it therefore

RESOLVED, The Florida Medical Association deplores the waste of talent and abilities and encouragement of dependency resulting from poor education among pregnant girls and recommends to the Florida Legislature, the Governor and the State Superintendent of Schools:

(1) The public school authorities, public health and public welfare authorities servin each county will jointly establish and operate schools for continuing education of pregnant girls. That these schools will provide some measure of physical and health education in addition to academic and technical skills, in recognition of the fact that many of these children have no concerned adult attention.

(2) County school systems permit children who have been pregnant to continue education after delivery in a branch of the system that will best serve their needs.

CHAPTER 71-21
SENATE BILL NO. 124
AMENDING SECTION 232.01 (c), FLORIDA STATUTES

An act relating to public education; amending section 232.01 (c), Florida Statutes, to provide that married and pregnant students and students who have already had a child outside of wedlock shall not be prohibited from attending public schools; providing that such students be entitled to same educational instruction as other students; providing that such students may be assigned to special classes or programs; providing an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

Section 1. Paragraph (c) of subsection (1) of section 232.01, Florida Statutes, is amended to read:

232.01 Regular school attendance required between ages of seven and sixteen; permitted at age of six; exceptions.--

(1) (c) (1) This section shall not apply to students who become or have become married, unmarried students who are pregnant, and students who have already had a child outside of wedlock.

(c) (2) Students who become or have become married, unmarried students who are pregnant and students who have already had a child outside of wedlock shall not be prohibited from attending school, and these students shall be entitled to the same educational instruction or its equivalent as other students, but may be assigned to a special class or program better suited to their special needs.

Section 2. Subsection (2) of section 232.01, Florida Statutes, is repealed.

Section 3. This act shall take effect July 1, 1971.

Approved by the Governor May 12, 1971.

Filed in Office Secretary of State May 12, 1971.

MINIMAL HEARING SCREENING FOR FLORIDA SCHOOL CHILDREN

For use by state health and education personnel and volunteer screeners.

The Florida Society of Otolaryngology recommends the following criteria as part of a long range program of the Florida Medical Association, Department of Education, and Division of Health to upgrade the detection of hearing problems among Florida pre-school and school children.

1. The audiometer should be in good working order, calibrated annually to the ISO level of 1964.

2. The frequencies and decibel level are as follows:

   a. The youngster must hear 20 decibel sound volume at 1,000 2,000 and 4,000 cycles per second.
   Hearing at these levels, in a relatively quiet listening environment, implies fairly normal hearing.

3. Failure at 2 or more of these frequencies indicates a need for repeating the screen.

4. Failure of the second screening at the above levels requires a complete pure tone audiogram.

5. Referral to a licensed physician is recommended if:
   a. Hearing level with the air conduction test is 25 decibels or more in any frequency on the complete audiogram.

   b. Bone conduction is better than air conduction at 500 cycle frequency.

   c. There is an obviously draining ear.

   d. There is a painful ear.

   e. The child, teacher, or parent complains regarding suspicion of poor hearing.

   f. Bizarre or inconsistent hearing responses occur.

May, 1972

RECOMMENDATIONS OF TASK FORCE ON HEALTH EDUCATION TEACHER EDUCATION

The greatest single drawback to developing effective health education courses, including drug abuse education and other sensitive and sometimes controversial health concerns, is the lack of knowledgeable, well-trained teachers. Health education programs for prospective teachers in the teacher training institutions are inadequate for meeting present and projected needs of the schools. Also, there is a deficiency of inservice and workshop opportunities for active teachers who need supplementary instruction. Many physical and emotional health problems contributing to student learning disabilities are not discovered by teachers because they are not trained to observe students or make referrals to the proper persons.

After analyzing data pertaining to the critical shortage of qualified personnel the Task Force recommends that a teacher training program should be developed which includes a provision for continuing health education opportunities, certification courses for teachers already inservice, and a sufficient number of degree programs for those interested in majoring in health education.

Since data show that many elementary teachers have very little, if any, health education training and that approximately 50 per cent of the secondary teachers currently inservice are out-of-field, the Task Force feels there is an immediate need to provide continuing education opportunities to upgrade the competencies of those teachers already inservice.

Recognizing the importance of having professionally trained teachers who are informed about contemporary health problems, the Task Force believes it is important to identify desired teacher competencies and inservice program objectives.

IT IS THEREFORE RECOMMENDED THAT INSERVICE TRAINING BE CONSIDERED THE MOST CRITICAL PRIORITY IN IMPROVING HEALTH INSTRUCTION FOR STUDENTS NOW ENROLLED IN K-12 AND AREA VOCATIONAL-TECHNICAL SCHOOLS.

Two major vehicles available for implementing inservice opportunities are formal courses offered through junior and senior institutions and workshop institutes offered on the county level. The coordination of community resources and the Triple T concept (using teachers to teach teachers) are possible ways of developing an effective inservice program. Although key people such as health teachers and school health coordinators should be the primary participants, all teachers should be aware of community resources, new concepts, and materials for teaching health education. To help meet this need,

IT IS RECOMMENDED THAT THE DEPARTMENT OF EDUCATION DEVELOP AND MAKE AVAILABLE TO THE COUNTIES A SERIES OF INSERVICE TEACHER TRAINING PACKAGES WHICH ARE BASED ON INDIVIDUALIZED PERFORMANCE AND PROGRAMMED FOR USE WITH A MINIMUM OF SUPERVISION.

Mindful of the many responsibilities assigned to teachers and incentives provided by other programs, the problem of reaching and involving key local personnel must be considered. To help stimulate involvement, it is felt that some incentive must be provided in order to attract key local people such as health teachers and health coordinators.

(over)

IT IS RECOMMENDED THEREFORE THAT THE COMMISSIONER OF EDUCATION DEVELOP A POSITIVE PROGRAM DESIGNED TO EMPHASIZE TO LOCAL SCHOOL ADMINISTRATIONS THE NEED FOR AN INTENSIVE INSERVICE PROGRAM FOR KEY LOCAL PERSONNEL INVOLVED IN THE HEALTH EDUCATION PROGRAM, INCLUDING THE NEED TO ENCOURAGE THE PARTICIPATION OF THESE KEY PEOPLE THROUGH FINANCIAL SUPPORT AND OTHER INCENTIVE SUCH AS:

1. Use of EIE and ESEA funds to pay tuition and/or subsistence for enrollees in health education programs.

2. Devise a released time opportunity for key people to participate; i.e., during pre-school and post-school planning sessions and teacher planning days.

3. Opportunity for accepting a teaching responsibility or promotion.

4. Extension of certificate through non-credit courses in health education.

IT IS FURTHER RECOMMENDED THAT THE DEPARTMENT OF EDUCATION EXPLORE THE ALTERNATIVE METHODS OF FUNDING INSERVICE TRAINING PROGRAMS AND TAKE THE NECESSARY ACTION TO FINANCE STATEWIDE OR REGIONAL WORKSHOPS DIRECTED TOWARD LOCAL KEY PERSONNEL TRAINING.

Analysis of survey reports from state-supported and private senior and junior institutions indicates that health education does not appear to have much status in curriculum offerings. Presently, there is only one health education degree program in the state and this program is insufficient to meet the needs of Florida public schools. Since many teachers feel inadequately prepared to teach health education, it is recommended that resource centers should be located in various regions of the state to train teachers and assist with curriculum research and development. In order to overcome this deficiency,

IT IS RECOMMENDED THAT SENIOR AND JUNIOR COLLEGES OFFER HEALTH EDUCATION COURSES AND SERVICES ON CAMPUS AND OFF CAMPUS FOR INSERVICE TRAINING AND THAT COUNTY COMMITTEES PLACE HEALTH COMPONENTS IN THEIR MASTER PLAN ON THE COUNTY LEVEL AS A PRIORITY FOR HEALTH EDUCATION.

Since all elementary teachers must teach health education, it would appear that all institutions preparing elementary teachers should provide the necessary experience to enable them to develop student behaviors described in State Accreditation Standards. The Task Force feels that the present certification requirement for elementary teachers calling for a course in physical education or health education should be amended to require a course in health education and a course in physical education. So that all who teach health may be properly qualified.

IT IS RECOMMENDED THAT THE COMMISSIONER OF EDUCATION DIRECT THE HEALTH EDUCATION TEACHER PREPARATION COMMITTEE TO ADDRESS THE PROBLEM OF TEACHER EDUCATION PROGRAMS TO THE TEACHER EDUCATION ADVISORY COUNCIL (TEAC) REGARDING THESE RECOMMENDATIONS:

THAT THE COMMITTEE DELINEATE A BODY OF COMPETENCIES REQUIRED FOR ELEMENTARY AND SECONDARY TEACHERS (INCLUDING SCHOOL HEALTH COORDINATORS) INVOLVED IN HEALTH EDUCATION PROGRAMS TO SERVE AS A GUIDE IN DEVELOPING HEALTH EDUCATION WORKSHOPS:

THAT MR. ED WILLIAMSON, TASK FORCE CHAIRMAN, APPOINT AT LEAST THREE MEMBERS OF THE TASK FORCE AS LIAISON MEMBERS AND THAT AS A FOLLOW-UP, AT AN APPROPRIATE TIME, A REPORT BE SUBMITTED FOR REVIEW BY THE TASK FORCE.

Health education has not had a chance to demonstrate its great potential in many schools because of the lack of well-trained teachers. The shortage of qualified teachers is a problem of major concern to the Task Force. Recognizing the present shortage and the projected expanded needs, the Task Force recommends that all teacher preparation institutions offer the certification courses necessary to qualify teachers to teach health education.

IT IS FURTHER RECOMMENDED THAT THE FLORIDA DEPARTMENT OF EDUCATION EXERCISE LEADERSHIP IN DEVELOPING GUIDELINES FOR PROGRAM DEVELOPMENT OF THE HEALTH EDUCATION SPECIALIST. THESE GUIDELINES ARE TO FOLLOW TEAC CRITERIA FOR GUIDELINE DEVELOPMENT AND BE APPROVED BY TEAC.

The survey also indicates a shortage of health consultants and specialists on the university and junior college level needed to serve public and private schools and professional and voluntary health organizations. Many new programs being developed for model cities, migrants and correctional institutions have components for health education and services. To meet these developing needs,

IT IS RECOMMENDED THAT UNIVERSITIES AND JUNIOR COLLEGES IDENTIFY CONSULTANTS AND ADD THESE CONSULTANTS IN HEALTH EDUCATION AND RELATED AREAS; ADD SPECIALISTS TO THEIR TEACHING FACULTIES IN HEALTH EDUCATION AND RELATED AREAS AS REQUIRED AND DEMANDED; AND, OFFER CREDIT AND NON-CREDIT COURSES ON CAMPUS AND OFF CAMPUS (WORKSHOPS, ETC.) WHICH WILL IMPLEMENT THE PRIORITY OF INSERVICE.

Considering the present shortage of qualified health educators, the Task Force feels that the junior colleges can play an important role as a source for implementing inservice training programs and reaching prospective teachers.

IT IS ALSO RECOMMENDED THAT JUNIOR COLLEGE PERSONNEL INVESTIGATE, EXPLORE, AND CONSIDER OFFERING COURSES AT THE LOWER DIVISION LEVEL FOR GENERAL EDUCATION AS WELL AS FOR PROSPECTIVE MAJORS;

THAT THE COMMISSIONER OF EDUCATION INITIATE SUCH PROGRAMS AS NECESSARY TO FORMALIZE A CURRICULUM AT THE JUNIOR COLLEGE LEVEL DESIGNED TO MEET LOWER DIVISION SPECIALIZATION REQUIREMENTS OF TEACHER PREPARATION IN HEALTH EDUCATION; AND, WHEN APPROPRIATE, THAT THIS CURRICULUM BE IDENTIFIED AND LISTED IN THE JUNIOR COLLEGE CATALOG; IN ADDITION, THAT ARTICULATION BETWEEN JUNIOR AND SENIOR COLLEGES OF THIS CURRICULUM BE ACCOMPLISHED THROUGH THE APPOINTMENT OF A HEALTH EDUCATION ARTICULATION TASK FORCE:

AND FURTHER THAT JUNIOR COLLEGE COUNSELORS BE MADE AWARE OF RECENT DEVELOPMENTS AND OPPORTUNITIES FOR EMPLOYMENT IN THE AREA OF HEALTH EDUCATION AND TO FOLLOW THROUGH WITH RECRUITMENT PROGRAMS.

(over)

One apparent problem is that of funding continuing education opportunities, especially off-campus credit courses and non-credit programs.

TO STRENGTHEN THE ABILITIES OF THE STATE UNIVERSITIES TO RESPOND TO THE SCHOOLS' REQUESTS FOR INSERVICE TRAINING, THE TASK FORCE RECOMMENDS:

1. That funding for off-campus credit courses be on the same basis as the support for these courses when taught on campus.

2. That state funds be provided for the administration of non-credit programs at state universities.

The health educator may serve as a teacher or a school health coordinator for an individual school. Many new full-time county level supervisory positions have been created to organize and administer the total school health program consisting of education, services and healthful school living. In preparing for this type of assignment, the health educator needs a professional program giving him a broad understanding of both the health sciences and health education.

Being cognizant of the changing needs and the importance of having professionally trained health teachers and coordinators who have a major interest and concern for developing an effective program, the Task Force recommends that teacher preparation institutions be designated to establish major programs of study designed to produce health educators who have the desired training and skills necessary to develop an effective, meaningful school health program. This type of professional status would serve as an incentive to attract desirable people and would produce a better trained teacher and professional worker in the field of health education.

RECOGNIZING THE LIMITATIONS OF HAVING ONLY ONE EXISTING HEALTH EDUCATION DEGREE PROGRAM TO PROVIDE FULLY FOR FUTURE NEEDS, IT IS RECOMMENDED THAT CONSIDERATION BE GIVEN TO EXPANDING THE PREPARATION OF THESE MAJORS, AND THAT NEW DEGREE PROGRAMS BE CONSIDERED TO SERVE THE VARIOUS GEOGRAPHIC AND POPULATION AREAS OF THE STATE, AND FURTHER THAT THE EXPANSION BE GIVEN A HIGH PRIORITY OF DEVELOPMENT.

In a discussion of the above recommendation there was a consensus that degree programs should be located in the Northwest (Panhandle), Central and Southern regions. Several Task Force members pointing to the strategic geographic location, large enrollment of prospective teachers, existing professional curriculum and recent number of prospective undergraduate majors at Florida State University would have recommended serious consideration of adequately funding and re-establishing outstanding degree programs at that institution. Others felt that the Board of Regents should weigh all factors in selecting institutions which would offer degree programs. In the absence of a consensus no recommendation is made relative to specific universities to be selected.

Non-professional personnel such as teacher aides, health clinic aides and others should be prepared through inservice education arranged on a regional basis in cooperation with the Florida State Division of Health and the local health units. Being aware of the important contribution of non-professionals,

IT IS RECOMMENDED THAT THE DEVELOPMENT OF GUIDELINES FOR THE SELECTION AND TRAINING OF NON-SCHOOL PERSONNEL BE REFERRED TO THE TECHNICAL AND HEALTH OCCUPATIONS SECTION, FLORIDA DEPARTMENT OF EDUCATION.

The Task Force believes that a program developed around these concepts would provide an orderly and progressive approach to meeting Health Education preparation needs and to developing meaningful health education opportunities for all our students.

HEALTH/FAMILY LIFE EDUCATION

A Position Statement Endorsed by the
School Health Medical Advisory Committee

There is no state law requiring the teaching of family life or sex education. Neither is there one prohibiting it. The Department of Education feels that this decision should be based entirely upon local identification of need and support for instruction in this area. We feel that the basic responsibility for this instruction belongs in the home, but that upon local identification of need for such a program the schools, churches, and some other community groups can play a supplementary role in reinforcing and supporting the efforts of the home.

Some guiding principles that we consider basic to education in this area include these concepts:

--that involvement of broad representation from the community in both the planning and conduct of the program is essential to acceptable inclusion of this sensitive topic in the health education curriculum.

--that materials of instruction must be carefully selected with respect to school and child level placement and community acceptance in terms of local conditions, customs, and traditions.

--that those responsible for the program should be especially careful to verify the validity of sources and content before it is used in the schools.

--that this instruction should be an integral part of the over-all health education program taught by professionally trained teachers.

Within the framework of this general health education program, health instruction on family life or sex education would be taught as a voluntary phase of the total program and as one of the systems of the body not fragmented as a sex education project.

The joint committee of the National School Boards Association and the American Association of School Administrators in a recent resolution recognized health education as a major discipline and recommended a coordinated attack on all health problems.

There is a greatly increased public awareness and concern for the many health problems confronting our students and the Department of Education has received many resolutions from various professional, public, and voluntary health groups expressing the need for a unified health education program for all students. We are anxious to take full advantage of the high state of readiness that exists. With the advice and counsel of the School Health Medical Advisory Committee, which is composed of representatives from the Florida Medical Association and the Florida Dental Association, we have a number of projects underway that we feel will update and strengthen our instructional program.

(over)

To assure the development of a sound and effective health education program with appropriate follow up and evaluation, the Advisory Committee to the Department of Education and the Division of Health has made the following recommendations:

--that all health concerns and topics be taught as an integral part of a balanced curriculum and not fragmented or singled out for separate undue emphasis.

--that schools make every effort to teach all important aspects of health with proper emphasis and to discourage an overemphasis on popular problems at the expense of a total balanced health education program for all children and youth.

--that a coordinated attack on all health problems be developed through a comprehensive program taught by properly qualified and trained health education teachers.

We feel that a program developed around these concepts would provide an orderly and progressive approach to meeting the health problems and concerns of all our students.

1969 Department of Education

THE DRUG ABUSE EDUCATION ACT OF 1970

233.067, Florida Statutes

1. SHORT TITLE--This section shall be known and may be cited as "The Drug Abuse Education Act of 1970".

2. DEFINITIONS--As used in this section, the term "drug" shall include barbiturates, central nervous system stimulants, hallucinogenics, and all other drugs to which the narcotic and drug abuse laws of the United States apply. It shall also include alcoholic and intoxicating liquor beverages and tobacco.

3. PURPOSE; INTENT--The purpose of this section is to insure the development of a comprehensive drug abuse education program for all children and youth in kindergarten and grades one through twelve. It is the legislative intent that this program shall teach the adverse and dangerous effects of drugs on the human mind and body and that such instruction shall be intensive and given immediate emphasis, beginning with the 1970-1971 school year. It is further the intent of the legislature that the voluntary services of persons from the professions of clergy, education, medicine, law enforcement, and social services and such other professionally and occupationally qualified individuals as can make a contritution to this program be utilized in its implementation so that the highest possible degree of expertise may be brought to bear.

4. ADMINISTRATION OF THE DRUG ABUSE EDUCATION PROGRAM
   a. The department of education shall administer the comprehensive drug abuse education act of 1970, pursuant to regulations adopted by the state board of education. In administering this section the department shall take into consideration the advice of the School Health Medical Advisory Committee of the Florida Medical Association and is authorized to reimburse the members of this committee for travel and per diem expense, as provided by law, when performing advisory services requested by the department.

   b. Priorities for the implementation of this program shall include the following:

      (1) Implement in-service education programs for teachers, administrators, and other personnel. Special emphasis shall be placed on methods and materials necessary for the effective teaching of drug abuse education. In-service teacher education materials which are based on individual performance and designed for use with a minimum of supervision shall be developed and made available to all school districts. The "Triple T" or "Multiplier" concept shall be utilized in the implementation of in-service education programs in drug abuse education.

(over)

(2) Establish resource centers located in various regions of the state for the purpose of assisting the department of education in coordinating drug abuse education activities in that region.

(3) Expand degree programs for the preparation of drug education specialists, Special attention shall be given to performance based critera and to the development and articulation of appropriate drug abuse education courses at junior colleges.

(4) Design programs for the selection and training of school para-professional personnel and personnel of non-school health or health related agencies.

(5) Implement the provisions of this section to insure that actual pupil instruction in drug abuse education will begin with the opening of the 1970-1971 school year, as part of the curriculum of every elementary, junior, and senior high school in this state.

5. NONPUBLIC PERSONNEL PERMITTED TO PARTICIPATE--No teacher or school administrator employed by a non-public school shall be excluded from participating in in service teacher education institutes or curriculum development programs conducted pursuant to this section.

6. STUDENT EXEMPTION--Any child whose parent presents to the school principal a signed statement that the teaching of disease, its symptoms, development, and treatment, and the use of instructional aids and materials of such subjects conflict with the religious teachings of his church shall be exempt from such instruction, and no child so exempt shall be penalized by reason of such exemption.

7. STATE BOARD TO REGULATE: SCHOOL DISTRICT COURSES--The state board shall adopt regulations to insure the teaching of drug abuse education to all pupils. Every district school system shall schedule drug abuse education courses as part of the curriculum of every elementary, junior, and senior high school.

8. SEX EDUCATION NOT AUTHORIZED--Nothing in this section shall be construed to authorize or require the teaching of sex education in any form.

9. USE OF FUNDS--In implementing this section, every effort shall be made to combine funds appropriated for this purpose with funds available from all other sources federal, state, local, or private, in order to achieve maximum benefits for improving drug abuse education.

10. DEPARTMENT'S REPORT--The department shall, at least thirty days prior to the 1971 regular session and each regular session thereafter, transmit to the members of the state board, the president of the senate, the speaker of the house, and the chairmen of the senate and house education committees a report as to the status of the drug abuse education program together with any recommendations for further improvement or modification.

Appendix 100-27.05

RECOMMENDATION OF THE

SCHOOL HEALTH MEDICAL ADVISORY COMMITTEE

TO THE ATTORNEY GENERAL

ON PROPOSED DRUG ABUSE PROGRAM

To assure the development of a sound and effective education program with appropriate follow-up and evaluation, the Florida Medical Association School Health Advisory Committee is recommending that all health concerns and topics should be taught as an integral part of a balanced curriculum and not "fragmented or singled out" for separate and undue emphasis. Full implementation of the new health education accreditation standards, which require special instructional units on the elementary, junior and senior high levels on drug abuse, would make additional programs or legislation unnecessary and contribute more to the imporvement and development of a quality health education program than legislation requiring the teaching of separate health topics.

The School Health Medical Advisory Committee, however, commends the Attorney General for his concern for the institution of action to combat the problem of drug abuse. On the other hand, the public schools are in the process of implementing a very aggressive program which will seek to give information to young people that will enable them to make wise decisions as to proper use of drugs. There is, however, one segment of the population that is being neglected -- adults, and parents in particular. Properly informed and concerned parents can be a very potent force in bringing about reform. Since the State educational agency, through the public school systems, is working diligently to solve the problem among school age youth, the Committee suggests that concentration by the Attorney General's office on a program for adults coupled with strict law enforcement might produce significant and positive results.

DEVELOPMENT OF DRUG USE/ABUSE SCHOOL GUIDELINES
FOR EDUCATIONAL PERSONNEL WORKING WITH
STUDENTS IN ELEMENTARY AND SECONDARY SCHOOLS

M E M O R A N D U M

TO: County Superintendents, County Drug Coordinators
General Consultants and Regional Coordinators

FROM: Benton Clifton, Administrator for Health, Physical Education and Driver Education Section
Dr. Paul Fitzgerald, Administrator for Pupil Personnel Services Section
Louis V. Morelli, State Coordinator, Drug Education Training Program

The following guidelines were developed as a result of requests from local district personnel working with students in elementary and secondary schools of Florida concerned with drug use/abuse.

Educational personnel with the cooperation of the Ad Hoc Committee on Drug Abuse to the Florida Medical Association jointly conducted a series of meetings for the purpose of developing guidelines. The committees included representation from the Florida Medical Association, Department of Law Enforcement, Office of Attorney General, Florida Education Association as well as counselors from local school districts.

It is hopeful that these guidelines will be helpful to the local school districts in working with students.

Guidelines for School Personnel in elementary and secondary schools of Florida concerned with drug use/abuse.

Section A - Overview

"The Police Power of the State cannot be diminished or compromised by school officials for a student...

"The possession or use of certain drugs is a serious violation of law and punishable by fine and/or imprisonment. A student is required to obey the same laws on school grounds as off. There is a distorted notion gaining widespread acceptance that a school or college is a sanctuary. These institutions are a part of soceity. Accordingly, the school authorities have the same responsibility as every other citizen to report violations of law. Students possession or using on school premises drugs prohibited by law should be reported promptly to the appropriate law enforcement officials..." (The Reasonable Exercise of Authority , National Association of Secondary School Principals, Washington: 1969)

There are many students in our Florida schools today who need counseling about drug use/abuse but have many doubts as to what may occur and having such doubts do not seek assistance.

(over)

The school administrator, responsible for the total school operation, should use every resource to obtain the approval and adoption of these guidelines including the development of administrative practices and school board policies designed to enable teachers, counselor and other professional school personnel to function in a capacity which helps students cope with the problem.

Section B:

The following guidelines are suggested for the consideration of Educational personnel concerning students in elementary and secondary schools who seek counsel from school personnel about marijuana, narcotics, dangerous drugs or dangerous substances.

1. That a student approaching a teacher, counselor or other professional school personnel for help be free of humiliation, frustration, and fear of being searched by a security officer before counseling can take place.

2. That a student should be free from fear of administrative reprisal.

3. That students should be made aware that under Federal or State Statutes it is not a violation of the law to admit having used marijuana, narcotics, etc.

4. That it is not a violation for a teacher, counselor or other professional school personnel to counsel students about their personal drug use/abuse.

5. That the teacher must, of course, use discretion and judgement in a situation which may involve a violation of Federal, State, or Local Law.

6. That a student who requests help should be referred to a guidance counselor or other school or community resources offering to provide assistance for the individual.

7. That parental involvement should be accomplished as soon as practicable without jeopardizing the achievement of professional assistance for the individual.

Section C:

When a teacher observes behavioral changes in a student which may be due to emotional and/or physical problems including drug use/abuse, existing school referral procedures should be utilized.

Department of Education
June 16, 1971

RESOLUTION ON SMOKING
FLORIDA MEDICAL ASSOCIATION HOUSE OF DELEGATES

"WHEREAS, The preponderance of evidence indicates that cigarette smoking is strongly implicated in the genesis of lung cancer, chronic bronchitis and emphysema; therefore be it

"RESOLVED, That the Florida Medical Association go on record as advocating the voluntary giving up of cigarette smoking by those now smoking; and be it further

"RESOLVED, That the Florida Medical Association through an appropriate committee help develop new, where none exists, and support and encourage existing educational programs designed to influence young people not to start the habit of smoking; and be it further

"RESOLVED, That the Florida delegates to the American Medical Association introduce a similar resolution to the American Medical Association at the annual meeting, June, 1963."

Passed May, 1963

SMOKING EDUCATION: THE SCHOOL'S RESPONSIBILITY

Position Paper on Smoking
(AAHPER)

All published reports subsequent to the report of the Surgeon General's Committee, Smoking and Health, published in 1964, are abundantly clear in their indictment of cigarette smoking as a health hazard. The schools should accept responsibility for providing smoking education programs and practices consistent with current information. Teachers, as well as other school personnel who share in the education of children and youth also have a role in educating about smoking and health.

If quality education about smoking and health is to become a reality, it is imperative that it be an outgrowth of the educational experience of the primary level. The effectiveness of later educational efforts related to smoking behavior in large measure will depend upon the nature as well as the quality of the primary school health program.

A program of health instruction throughout the primary grades should emphasize experiences that provide opportunities for pupils to develop foundations essential to self-understanding and self-acceptance.

In the intermediate grades a clearly identified segment of the school day should be devoted to a health instruction program in which the content focuses on the effective physical, social, and mental functioning of the human organism. Children and youth should be given opportunity to study many health behaviors in which they are or will be involved, including smoking. The instructional program should encourage the student to make and test personal decisions and to evaluate alternatives.

Instruction at the junior and senior high school levels should provide opportunities to explore in depth the psychological, physiological, and sociological factors involved in making wise decisions about smoking.

Some significant psychological factors which may, or may not, encourage youth to start smoking are peer acceptance, mimicking the adult, and the effect of advertising. Knowledge of the impact of these factors on health behavior is of paramount importance in planning and implementing an effective instruction program in smoking and health.

Professional preparation of teachers should include education about smoking and health. Further, in-service training programs should be organized to improve competencies for teaching smoking and health education. These programs should include emphasis upon causes of behavioral patterns as well as upon factual information.

Frequently, educational efforts begin with example and school personnel serve as models which children emulate. Thus the school's fundamental responsibility in providing an effective smoking education program involves behavior by all school employees which will positively reinforce learning experiences. All school personnel who smoke should take appropriate action to provide an exemplar image consistent with current facts on smoking and health.

(over)

AAHPER RECOMMENDATIONS

The AMERICAN ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, AND RECREATION recommends that all schools take appropriate steps to establish policies and practices consistent with current information on the hazards of cigarette smoking, including:

1. Assuming responsibility for curriculum experiences in smoking education, which are timely, stimulating, and provide accurate content, as an integral part of the ongoing, unified, health instruction program, kindergarten through twelfth grade;

2. Providing appropriate in-service training opportunities for school personnel, classroom instructional resources, supervision and consultative services to teachers;

3. Maintaining a physical and emotional school atmosphere that positively reinforces the objectives of the ongoing health instructional program;

4. Encouraging staff and adult visitors to the school to realize the exemplar role they play and the importance of compliance with smoking rules and regulations;

5. Recognizing that parent example, pupil-peer relationships, and other community influences are important in the development of desirable health behavior;

6. Utilizing classroom situations as well as learning experiences in other curricular and extracurricular activities to reinforce the educational process;

7. The exemplar role of all school faculty and staff in relation to smoking on school property;

8. The adoption of "no smoking policies" for all groups utilizing school facilities;

9. The abolishment of student and faculty smoking facilities.

Approved 1970